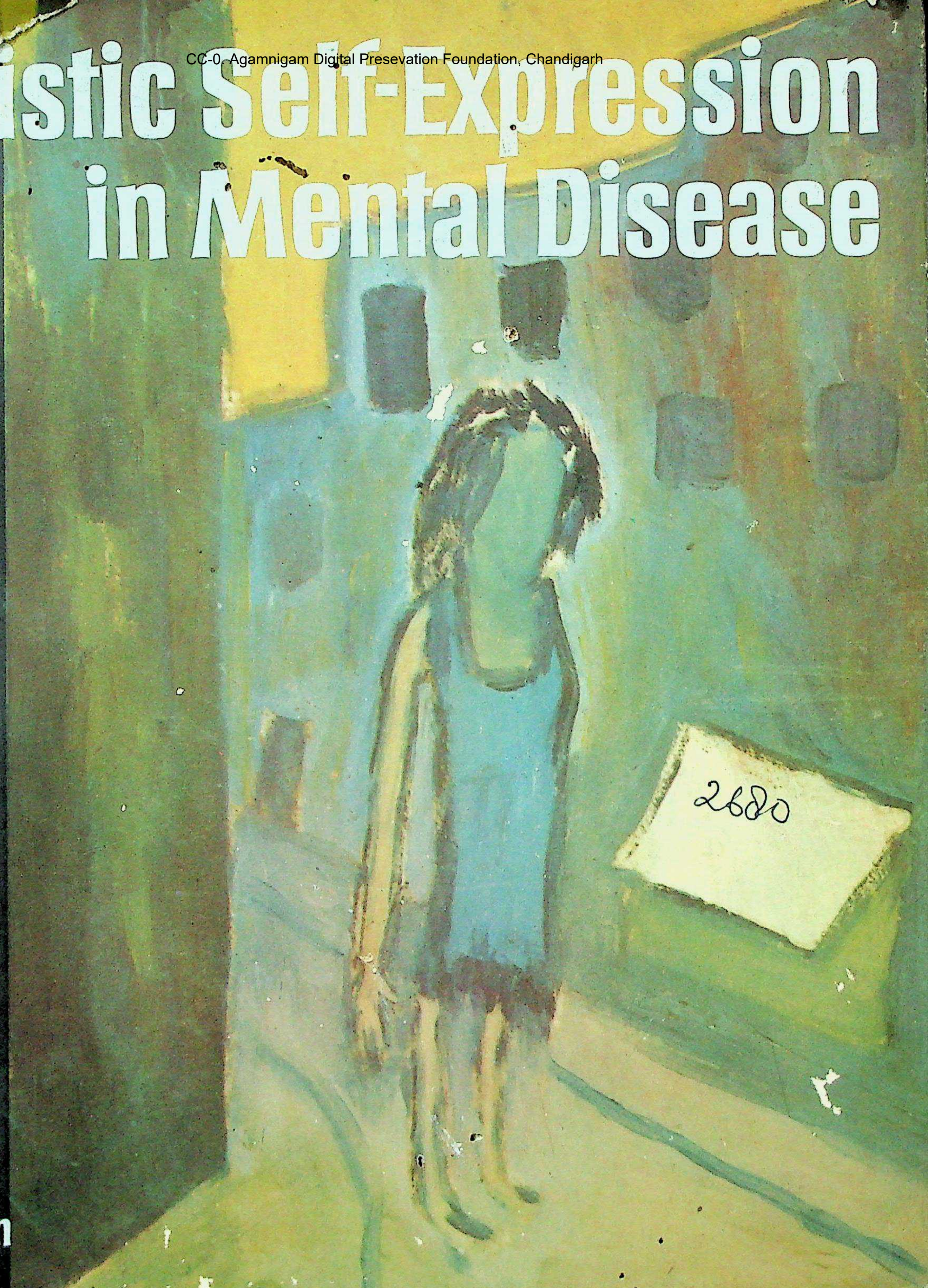
Artistic Self-Expression in Mental Disease



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Studies in Ethno-Aesthetics edited by
Adrian A. Gerbrands and Fokke Sierksma

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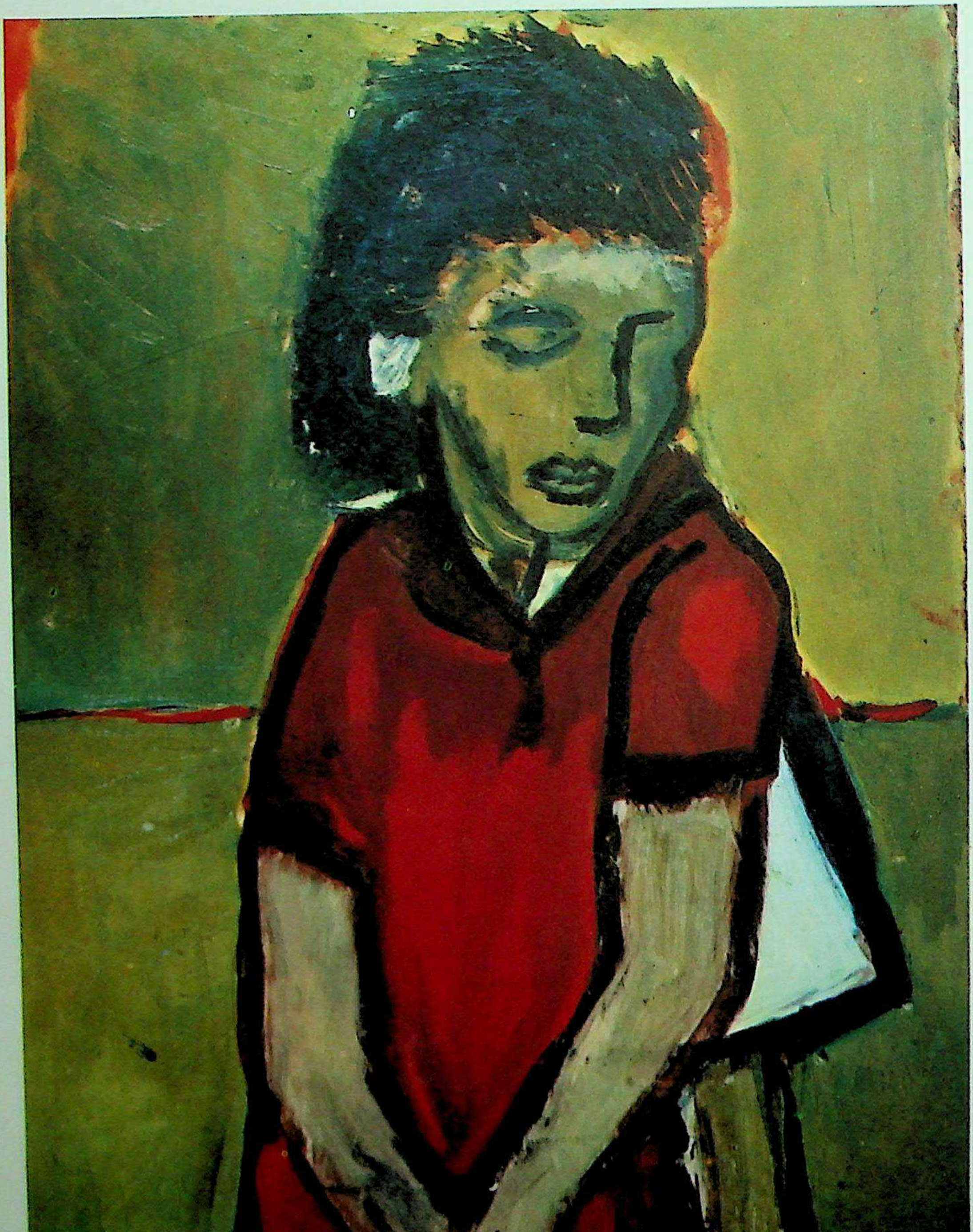

J. H. PLOKKER

Artistic self-expression in mental disease

THE SHATTERED IMAGE OF SCHIZOPHRENICS

MOUTON & CO - PUBLISHERS - THE HAGUE - PARIS-LONDON

Translated by Ian Finlay from the original Dutch text of J. H. Plokker, professor of psychiatry, University of Utrecht

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To my wife

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Introduction

The pictorial products of the mentally ill have been attracting the attention of psychiatrists and psychologists for some decades while, principally since the rise of Expressionism, many artists have also studied these artistic works, sometimes mistakenly referred to as 'psychotic art', until finally the public at large has become aware of them during the past few years. Various major and minor exhibitions of works by sufferers from schizophrenia and other mental diseases have attracted a large number of visitors. The number of publications on this subject has become considerable over the years. There are 700-odd titles in the bibliography of Robert Volmat's book *L'Art psychopathologique*, which appeared in 1956 and which may serve as a catalogue of the exhibition held on the occasion of the 1st International Congress of Psychiatry in Paris. The scientifically really responsible conclusions drawn from this vast material, which is growing daily, are however only limited. Very many deductions cannot withstand criticism because of their generalising character. This applies particularly to what has been said about the pictorial work of *schizophrenics*. Here opinions and estimations are very divergent, in contrast to those existing about the work of sufferers from other psychoses, such as melancholia, mania, dementia paralytica, epilepsy, etc., which are fairly uniform.

This becomes understandable if we bear in mind that we find in psychoses of the manic-depressive type virtually the same picture of the world in the case of all sufferers. It is possible to speak of a typically depressive, a typically manic world of experience, etc. The anthropological movements in psychology and psychiatry have shown this clearly in their analyses. Attempts to explain schizophrenia from one picture of the world have nevertheless proved abortive. It is clear that very different possibilities can exist with this mental disease. Certain of them have been described, but by no means all. This is why the work of schizophrenics is much more colourful and divergent than the fairly monotonous products of other psychotics in which our interest is quite soon exhausted. There is, therefore, no need to spend very long discussing such work.

During the depressive (melancholic) phase of the (endogenic) *manic-depressive psychosis*, it is rare for the patient to engage in any artistic activity. Apart from the sombre frame of mind, we are struck here by the marked retardation in thought and actions, which can progress to the extent that we can speak of a stupor in which the patient becomes completely inactive. If the depression is less violent, then it is possible that the patient will paint or draw, particularly if he already did so prior to his illness as a professional artist or as an amateur. We are then struck by the use of dark, sombre colours, such as black, grey, various shades of brown, dark red and the like, the upper half of the drawing or painting being, in general, darker than the lower half. Delusions may possibly be expressed pictorially, such as those of sin, poverty or hypochondria. Self-reproach may be revealed in the work in the form of inscriptions or in that of the depiction of an execution or torturing, being tormented by devils in hell or a suicide scene. The gradual lightening of the palette is very striking when the depression begins to clear. This is such that we can quite frequently almost read the mood of the patient from his paintings without having spoken to him. Various of our patients produced series of paintings in which this phenomenon can be recognized very clearly. In the case of someone who already painted prior to his illness, we sometimes see the beginning of the depression in his artistic work rather than in the rest of his behaviour and utterances. The colours become darker, the lines harsher, mobility decreases, degenerating into smearing and bungling, and finally ceases altogether.

In a manic phase of the same psychosis, in which a speeding up in thought and actions occurs alongside a morbidly cheerful mood, we see the patient smear and scratch in an unco-ordinated manner, if he paints or draws at all. If the phase is less violent, the patient's euphoric mood is reflected clearly in his work by the use of vivid colours and a deterioration in composition. Because of the increased tendency to distraction, it is impossible for him to produce a compact composition, the work remains fragmentary and creates at first sight a confused impression which is intensified by odd inscriptions, obscene comments and risky exclamations. As a result of hasty thinking and an increased tendency to be distracted, numerous rapidly succeeding thoughts which hang together only loosely, are immediately thrown down on paper, without any sense of unity. Quite often these sheets by manic patients have an untidy and dirty appearance, being full of marks, tears and wipes, although the patient himself can praise them as being important works of art because of his morbidly heightened self-esteem!

It is difficult to tell whether the work of sufferers from *epilepsy* shows anything typical. There are numerous forms of this illness so that we cannot speak of 'the' form of the disease. By far the majority of epileptics live an adapted, active life in society, carry out their work in a normal way and do not stand out. Modern drugs succeed in suppressing attacks and absences in a large percentage of cases. We find in mental hospitals only the most serious cases, patients who cannot maintain their position in society and whose behaviour is also too difficult for them to be cared for in special institutions for epileptics. Conclusions arrived at in a mental hospital concerning pictorial expression in sufferers from epilepsy have, consequently, a very limited value only, and generalisations certainly cannot be made from them. Amongst the small number of patients of this group who drew or painted and whom we were able to observe, we were struck by a curious stiffness, a lack of flexibility which characterized their attitude to life. There was a becoming lost in details, an inability to distinguish between matters of major and minor importance, a typical 'stickiness', i.e. an inability to free oneself from a thought which had once taken form, and the like. Scrupulous precision and punctiliousness, pedantry, a slavish following of a given example, the filling-in of insignificant details, which render the work difficult to survey, coupled with convulsiveness, are striking characteristics.

Bearing in mind these considerations, it is somewhat surprising that there was a few decades ago a predilection for placing the label 'epilepsy, on outstandingly great personalities. Important religious figures (Ezekiel, Paul, Mohammed, etc.) were in particular victims of this. This epithet was however also applied to artists such as Blake, Flaubert, Dostoevsky, van Gogh and many others, who can really only literarily be classed as 'visionary', as 'inclined to ecstatic states and experiences' and the like. There does, in fact, quite frequently occur in epileptics, particularly in twilight states, an ecstatic, often religiously tinged condition. We must not, on the other hand, immediately conclude when such a phenomenon occurs that it is a case of epilepsy. This phenomenon is also found in other psychoses. It is also possible to arrive at incorrect conclusions if we stress the 'viscosity'-'explosivity' polarity. Punctiliousness, attention to detail and the like do not necessarily indicate epilepsy. These symptoms are also found in other cases. Furthermore, we also sometimes see 'epileptoid' elements in the works of great artists who are not themselves suffering from epilepsy. Paintings such as, for example, 'Vacant lot' and 'Self-portrait among the churchgoers' by the American Ben Shan, let alone the work of 'modern' primitives, clearly show this!

If the sufferer from *dementia paralytica* engages in pictorial expression, he produces work which suggests that of manic patients. It is untidy, dirty, creates an unclean impression, is unsystematic. This is certainly not due exclusively to increasing disturbances in co-ordination which gradually render more delicate movement impossible. The dementia process and mental decay undoubtedly also play an important part.

Only little is known about the artistic work of sufferers from other forms of organic *dementia*. It cannot be extensive, since dementia processes result in a disappearance of creativeness. Tests have been designed in experimental psychology showing deterioration in perception which rapidly becomes disturbed, inter alia by making the patient copy simple figures (Bender test). A large number of publications has recently appeared about the drawings of mental defectives, much attention having been paid to this, particularly in the field of child psychology. Since this is a subject on its own, we cannot consider it further here.

It will be understandable from what has just been said that the interest of psychiatrists and psychologists in mental hospitals has been directed principally to the extremely varied and colourful work of sufferers from *schizophrenia*. Other factors have, however, also played a part in this preference. For example, schizophrenics form a large group numerically in institutions. In general, these patients also spend a long period there. Even if the psychosis frequently shows improvements in the early stages, so that patients can, after being treated, return home and quite often also resume their work, they often deteriorate in the long run to such an extent that permanent care in an institution becomes necessary. They then stay there for a long period, often until their death. The attention of doctors and nurses is consequently naturally directed to a marked extent to this group of patients whom they see daily for years on end! Thanks to modern methods of treatment, sufferers from other psychoses, such as manic-depressive psychoses, degeneration psychoses, symptomatic and generations psychoses, alcohol and other intoxication psychoses, etc. require at the moment for the most part only a relative short period of treatment in a mental hospital. They soon return to society, even if it is possible that they will have to be treated again for a while later. There is, therefore, a continual coming and going as far as these patients are concerned. Sufferers from schizophrenia and other organic dementia processes (senile and pre-senile dementias, dementia paralytica, etc.) stay much longer.

Whereas previously a mental hospital was little more than a nursing-home or even an institution for 'putting away' individuals who could not maintain their place in society and who required some form of care, its character has changed completely since the introduction of so-called 'more active therapy'. This took place after World War I, having been started by Hermann Simon in Gütersloh. Now the greatest attention is given to chronic patients, notably to schizophrenics. An extensive staff of people is permanently engaged with them, trying to activate them, bring them into renewed contact with the world around them and from which they have cut themselves off. All means which can bring about, promote and intensify social contact are used. Everything which contributes to a feeling of belonging with others is stimulated in every possible way. This includes such things as work, relaxation, sport and movement in the form of therapy, music, dancing, etc. For this, it was necessary for the attention of doctors in these institutions to turn to the artistic possibilities and potentialities of patients in so far as they contain socialising tendencies.

Whereas painting and drawing used to be undertaken only sporadically by patients, so that in psychiatric literature prior to World War I it is always a question of a few exceptional patients who were found, quite by chance, to express themselves pictorially, an attempt has been made to stimulate patients in this direction since the introduction of newer methods of treatment. There are now charmingly furnished and well-equipped studios in many institutions where work is carried out under the direction of specialists. The material in the way of paintings, drawings, sculptures, ceramic works and the like has also been greatly extended in a relatively short time, it also being noticed that its character has undergone a great change. If we now look at the illustrations in a book such as Prinzhorn's *Bildnerei der Geisteskranken*, which appeared in 1923 or even those in the book *Insania Pingens*, which was published in 1961 and contains a charming collection of works by five schizophrenic patients, which were however painted prior to 1950, and compare them with the work which is being produced today in mental hospitals, we are immediately struck by its completely different character. We indeed have the right to ask ourselves whether the bizarre, autistic, distracted and eccentric element in the older work was not an artificial product, the result of social isolation and the loneliness of the sufferer. The clinical picture of schizophrenia has, in any case, also altered during the past few decades under the influence of more active therapy and, during the past ten years or so, of various psychological drugs. The 'imbecility' which used to occur so frequently in patients who had been tended for years on end in a mental hospital hardly occurs at all now. This was for the most part due to the fact that the the patient was left far too much to his own fate. He was well cared for materially, but was allowed to pine away mentally in his isolation.

So-called 'cultural therapy' (painting, drawing, modelling, music-making, singing, dancing, etc.) now plays an important part both with sufferers from psychoses and also in the case of *neurotic* patients. It is used in many sanatoria where neurotic patients are treated, as an aid in psychotherapy and also as a stimulant in developing creative abilities and in encouraging spontaneous expression. The patient is urged to draw freely, particularly in treatments according to the rules of complex psychology (C. G. Jung). The products are then later discussed with the psychotherapeutist, who treats them in the same way as dreams, free associations and the like. Much has already been published about this method of approach, unfortunately not always in a sufficiently critical and scientifically responsible manner. Since we are however concerned exclusively with the work of schizophrenics in what follows, we cannot touch upon this subject.

Prinzhorn previously published a small selection of statistics covering the paintings and drawings of 450 patients. He found that 75% of the patients observed who expressed themselves pictorially were suffering from schizophrenia. In the above-mentioned book by Volmat, there is a classification of the patients whose work was submitted for the Paris exhibition in 1950. The diagnosis 'schizophrenia' was established in 67% of cases, 13% suffering from a neurosis. Volmat points out that this difference – which is, in any case, not very striking – has several causes. Prinzhorn did not make any selection with a view to an exhibition, this having been done however for the Paris exhibition. Since Prinzhorn's publication the number of sufferers from dementia paralytica has also decreased, Prinzhorn having a total of 4% of the cases, Volmat 1–2%. Finally, the psychotherapy of sufferers from neuroses has become much more intensive during the last few decades. The accent with painting and drawing therapy is still consequently on schizophrenics.

We shall in the following pages discuss solely the work of sufferers from schizophrenia. The material has been taken from the collection of drawings and paintings produced by patients in the 'Hulp en Heil' mental hospital in Leidschendam, where drawing and painting therapy has been practised very intensively for the past ten years or so as a part of more active therapy. Amongst the illustrations, there are only five made by chronic patients from another institution (Nos. 7, 8, 9, 68 and 71). These have been included to illustrate certain formal deviations. The medical director of 'Zon en Schild' at Amersfoort, Dr. C. W. du Boeuff, was kind enough to make these drawings available for reproduction. The illustrations all relate to 'free' drawings, and are consequently not by those patients for whom this form of pictorial expression was intended exclusively therapeutically in the narrower sense. Before using painting and drawing as a therapeutic means, the patients in this institution were first allowed to draw completely 'freely' for a few weeks, after which more guidance was given, an effort being made to break through their morbid autism by directing their attention more to the reality surrounding them. Further details will be given later. Virtually all the patients whose work is reproduced were untrained, 'illettrés de la peinture', that is to say they had not, prior to being admitted to the institution, practised painting or drawing as professional artists or as amateurs. Reference will be made in the text to the few cases in which this was not so.

More stress will be laid in this study on the *formal* characteristics of the work of sufferers from schizophrenia than on its content. There have already been many publications devoted to the latter, particularly from the side of psycho-analysis and complex psychology. Although content and form cannot always be sharply separated in the case of these patients, it will be clear to everyone on deeper study that the content of the work of a sufferer from schizophrenia cannot be regarded as being typical of his disease. If we consider the content as unconscious ambitions and tendencies, passions and complexes breaking through repression, then we shall have to admit that these do not differ so much according to the individual, although quantitative differences cannot be denied. The typical character of the individual does not lie in the Unconscious, the 'Id' ('Es'), but in the conscious, the 'Ego' ('Ich'). It has repeatedly been pointed out – most recently and very positively by Rümke – that the problem in schizophrenia is not one of content but of *form*. There will therefore not be detailed descriptions of what the drawings really do represent. It is, in fact, not a question of *what* is represented, but *how* it is portrayed. This does not mean that absolutely characteristic formal properties can be shown in the work of schizophrenics. Neither lineation nor the use of colour, composition nor spatiality, construction nor 'matière', etc. is to be considered as really typical. The view, previously stated repeatedly, that it is not possible to arrive with certainty at the diagnosis 'schizophrenia' on the basis of one drawing or painting, without having observed the patient clinically, should still be held as correct. If we nevertheless survey a larger selection of work by the same patient, it will, in many cases, be possible to make a definite pronouncement with a high degree of probability.

In order to render the pictorial expression of sufferers from schizophrenia clear, it will be necessary – before discussing the work – to describe their thoughts and feelings in somewhat greater detail. An attempt should in particular be made to explain something of the world in which they live, to discuss something of their view of the world, even if this is a perilous undertaking. We have already mentioned in passing that we cannot speak of *the* schizophrenic world, since several views of the world are possible for these patients. This does not, however, alter the fact that certain general remarks can be made about this subject. The first half of this study will discuss, in a somewhat detailed manner, the problem of schizophrenia in its various aspects, such as its symptomatology, its clinical forms, its various courses, the way in which the patient behaves with regard to his illness, certain possible views of the world and the like. Most of this can be assumed to be generally known. Clinical psychiatrists and psychologists have to deal with this material daily. The psychiatrist in private practice in a city is however only seldom able to follow the further development of his patient in whom he has arrived at the diagnosis 'schizophrenia', since admission to a mental hospital in most cases immediately follows the establishment of this diagnosis. The psychiatrists and psychologists attached to a mental hospital are really the only persons who know the clinical picture in all its variety. It is therefore possible that the psychiatrist in private practice may find certain comments in this first part of which he was not fully aware.

The second part of the book gives a classification of the drawings and paintings by a large number of schizophrenic patients and a description of the various works. It also contains a number of illustrations which may be regarded as typical of certain groups. It was impossible here not to mention certain views about art in general and, in particular, so-called 'modern art'. In any case, since the rise of Expressionism at the beginning of this century, the attention of very many artists and art critics has been directed to the pictorial work of primitive races, children and the mentally ill. As a result, reference has repeatedly been made to points of similarity between the work of these various groups and what we meet in 'modern art', notably in Expressionism in its many nuances, Surrealism, non-representational, abstract art, etc. The relative value of this comparison will be discussed in detail, as a result of which it will appear that the points of similarity are found really only in the *content* of the products.

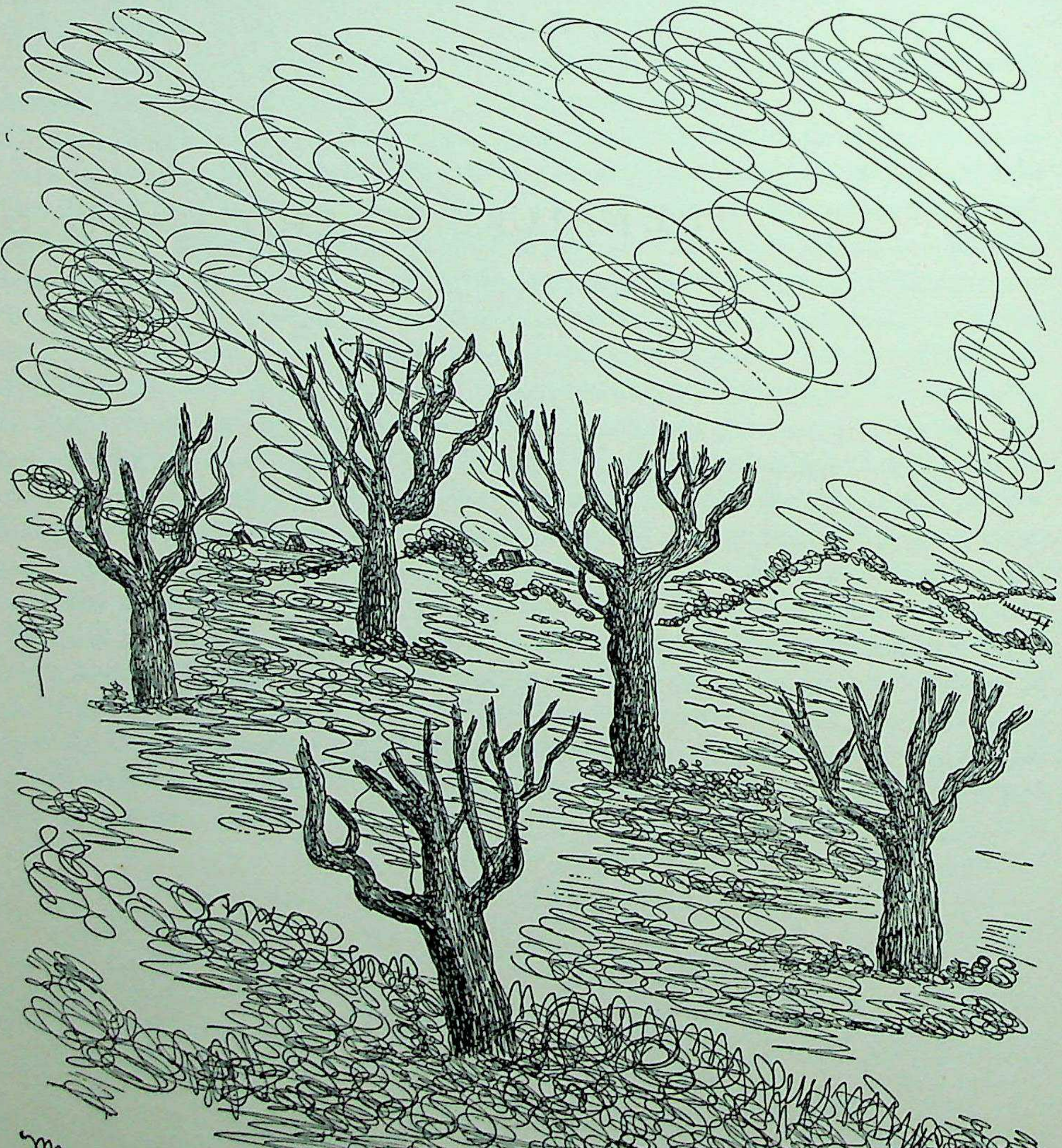
If attention is directed solely to the content of the pictorial work, we are indeed struck by the occurrence of similar elements in the case of primitive races, the mentally ill and normal artists who wish to work as directly as possible from the unconscious. (Klee's 'psychograms', the dream pictures of the surrealists, etc.). We have already referred to this briefly. Real art is, however, much more than the direct expression of tensions, ambitions, tendencies, feelings, etc., be they conscious or unconscious. It after all requires from those emotions a certain *design!* Direct affective discharges which have not been subjected to secondary elaboration are never art. Speaking about music in her book *Philosophy in a New Key* (to which we shall have to return later in detail), Susan Langer makes certain very important remarks which apply to every form of art: 'Sheer self-expression requires no artistic form. A lynching-party howling round the gallows-tree, a woman wringing her hands over a sick child, a lover who has just rescued his sweetheart in an accident and stands trembling, sweating and perhaps laughing or crying with emotion, is giving vent to intense feelings; but such scenes are not occasions for music, least of all for composing. Not even a theme 'translating an impression of keenest sorrow' is apt to come to a man, a woman or a mob in a moment when passionate self-expression is needed. The laws of emotional catharsis are natural laws, not artistic'. In the work of art design in an individual way is more important than the affect on which it is based, this having always to be regarded as generally human.

Any hypothesis about art which places self-expression in a central position must necessarily come to nothing. The problem of form can never be passed by in art.

The first, more theoretical, and the second, more practical section of this study are consequently not separate, but complement one another. The first tries to depict the way in which the sufferer from schizophrenia stands in the world, his mental climate, in such a manner that, feeling ourselves and living ourselves into the view of the patient's world, as far as that is possible, we must almost necessarily make up our minds concerning a given form of pictorial expression if the sufferer should draw or paint. Every study of primitive art ought to be planned in a similar way: 'Art in its Context'. No single civilization is homogeneous, certainly not that of the West. Conflicting forces are always at work at the same moment, neutralize one another, strengthen one another, in any case influence one another. This applies even more to the chaotic world in which the sufferer from schizophrenia lives. In spite of the 'regression' which takes place in the patient's personality, cultural influences also continue to exert their socioplastic and psychoplastic effect for a long time. In addition, purely individual characteristics and personal experiences long continue to make their complicating influence felt. We are not even speaking here of a possible artistic training of the sufferer prior to his illness which can continue to be noticed in his work for many years. This all renders the study of the pictorial expression of sufferers from schizophrenia an extremely difficult task, in which we cannot proceed too critically. In spite of these difficulties, certain formal characteristics can however be found upon deeper analysis in the various products of patients. These characteristics are related directly to the morbid process which must be considered as being the cause of the psychosis. This study attempts to make a contribution thereto.

Part one

THE NATURE OF SCHIZOPHRENIA



The concept of schizophrenia

Although schizophrenia is a frequently occurring mental disease which has been studied assiduously for many decades, little is, as yet, known of its nature. Rümke refers to it as the 'sphinx of psychiatry' that asks us many questions, answers to which have not so far been given. There are also very widely varying views about and methods of approaching this psychosis, and the number of attempts to explain its cause and development is very large. These have varied from purely organic explanations, namely that schizophrenia is the result of an organic disease process, localized in the brain and resulting in the formation of a state which differs qualitatively from the normal, which cannot be felt into or interpreted psychologically, to views – particularly in America and England – which consider schizophrenia as a psychogenic disease, being the result of psychotraumatic events in early youth and in later life (environmental stress), which is consequently capable of being explained psychologically, can be felt into and differing quantitatively only from the neurotic and normal. The part played by the constitution in the origin of the disease is also a highly disputed element. Does the premorbid personality exhibit features which render the later appearance of the psychosis predictable? Is there a morbid inherited disposition which is revealed more and more during the development of the personality, so that we can in the end only speak of a psychosis?

One of the great difficulties in scientific discussions is that, because of this difference in views, which is often no more than an 'idée préconçue', people continually talk at cross-purposes. Diagnosis is always being made differently. Much of what is described as schizophrenia in Anglo-Saxon countries, is not recognized as such on the continent of Europe. This renders comparisons difficult, causes statistics to lose much of their value and renders speculations about whether the disease can be cured or not doubtful. There is a large group of psychotic pictures which shows a high degree of similarity to what the older European clinicians called 'genuine schizophrenias', these being the so-called 'pseudo-schizophrenias' which do not, however, represent examples of this condition. Thus, there are atypically progressing endogenic psychoses (manic-depressive psychoses, degenerative psychoses, paranoid psychoses and the like) which resemble it, schizoform pictures, such as described by Kahn, psychotic reactions in decidedly schizoid personalities, developmental psychoses, psychoses in the case of an organic disease of the brain, as well as other pictures which, if we do not proceed very critically, can give the impression of being schizophrenias. If all these different conditions are taken into account in considerations

Drawing is discussed on page 196

about schizophrenia, then conclusions become very vague and uncertain, if not completely incorrect. Only those who come into daily contact with schizophrenics, who can follow them for years on end, live with them, take part in their activities, who meet them not merely as patients in their consulting-rooms, but are also with them in their ordinary daily comings and goings, who approach them not only as doctors, but as fellow-men, can really say anything sensible about them.

Psychiatrists in normal city practice, assistants in a university clinic, who can seldom observe patients for more than a few months, have only a very limited knowledge of schizophrenia. Only in psychiatric hospitals, where one meets not only acute, but also many chronic sufferers and is quite often with them for many years on end, does one learn about this disease in all its colourful variety, at least if one really becomes absorbed in the patients. Many publications about the disease also create a sterile and theoretical impression and often represent nothing more than constructions bearing little relation to reality. It is also striking that many statements about schizophrenia, dating from the period prior to the introduction of 'more active therapy' in mental hospitals, when these establishments did little more than 'store away' dangerous and asocial persons, are still accepted, as a result of inadequate knowledge of what is at present happening in psychiatric hospitals, insufficient observation and lack of real sympathy. We still read again and again about the 'deadening of the emotions' which is generally said to occur in the case of schizophrenics, the lack of a sense of reality which can in fact be found in many patients, but which are certainly not as general as many people imagine. Much of what is written and said about schizophrenia could better have remained unwritten and unsaid!

It would take us beyond the scope of the present book to follow the whole historical development of the concept of schizophrenia. It would also not be very enlightening as far as our subject is concerned. A few remarks should however be made, if the concept is to acquire some substance. Kraepelin, in 1893, was the first to publish a systematic study of the disease to which he gave the name 'dementia praecox', a term borrowed from Morel. Much was then already known about this psychosis, but it had all remained in a fragmentary state. Kraepelin started from the concept of the 'disease unit'. He wanted to group under one diagnosis only those cases which showed the same method of origin, the same mental and physical deviations, the same course and the same pathological-anatomical basis. In this way, he combined hebephrenia, catatonia and dementia paranoides – in spite of the fact that their symptomatology differs in many respects – into one group, that of 'dementia praecox', repeatedly pointing out that he was providing merely a provisional solution. In the course of the years he restricted the group more and more, assigning a different place to various cases he had initially included.

With the extension of the influence of Bleuler, an opposing tendency nevertheless became evident. More and more cases were brought together under the concept 'schizophrenia', this being the name which Bleuler introduced for the cases described by Kraepelin. This term consequently lost much of its sharpness and threatened to lose its clarity and consequently its value.

Bleuler gave the following definition of schizophrenia in his great monograph on the subject which appeared in 1911: 'By the term dementia praecox or schizophrenia we designate a group of psychoses whose course is at times chronic, at times marked by intermittent attacks ('Schübe') and which can stop or retrograde at any stage, but does not permit a full restitutio ad integram. The disease is characterized by a specific type of thinking, feeling and relation to the external world which appears nowhere else in this particular fashion'. He stressed the loss of the unity of the personality (schizophrenia = splitting of the mind). The various mental functions show a splitting, now this and now that mental complex appearing to represent the whole personality. Mental integration, the co-ordinating principle, which makes a unity of man, fails, and progressive disintegration begins. Ideas lose their completeness. Thought associations become illogical, bizarre and unpredictable. In some cases thinking suddenly stops. Perception, inculcation, orientation and memory remain for the rest intact. This splitting of the personality, together with disturbances in the emotional life, forms according to Bleuler a *primary symptom* of the disease. He mentioned as *secondary symptoms* hallucinations, delusions, confusion, stupor, manic and melancholic fluctuations of mood and catatonic symptoms. As already mentioned, Bleuler gradually extended the concept of schizophrenia more and more, as a result of which he was forced again and again to alter the separating line between primary and secondary symptoms. He took a far less rigid attitude than Kraepelin about regarding the course of the disease as a determining factor in making a diagnosis. He did nevertheless adhere to the opinion that schizophrenia is the result of an organic process taking place in the brain. He imagined it as being 'physisch bedingt'.

The above-mentioned differentiation between primary and secondary symptoms requires some explanation. It has given rise to many controversies. Again and again new classifications have been proposed, depending on the view taken by the investigator of the origin of the psychosis. Since this has, however, so far remained unknown, this classification continues to be speculative and has only a very relative value.

By *primary symptoms* are meant those which are a direct consequence of the disease. They cannot be explained psychologically or be further deduced from one another or from a basic disturbance. The *secondary symptoms* on the other hand, can be deduced psychologically and are consequently understandable, being reactions to the primary symptoms or an elaboration thereof. This reasonable and seemingly simple differentiation involves very great difficulties in practice, since it is not really known what is primary in schizophrenia. Is, for example, the autism, the morbid introversion of the patient, his turning away from the external world a primary symptom, a direct consequence of the disease process or, as Bleuler himself assumed, secondary, that is to say the expression of the wish to be able to live his delusions undisturbedly and to escape from all contacts with his terrifying and threatening surroundings?

Mayer-Gross, who distinguished no fewer than seven groups of primary symptoms, drew up the following requirements if we wish to be able to speak of a genuine schizophrenic primary symptom. It must be specific to and characteristic of schizophrenia, that is to say it must not occur in the case of other psychoses. It must be demonstrable in all cases of the disease. It must be constant, that is to say not able to be influenced mentally. It must be independent of factors exerting their effect from the outside and consequently be proved to be the result of a cerebral affection. It must be a defect, a deficiency symptom. Finally, all other symptoms, as if derived from one basic disturbance, should be able to be understood from it, in the sense of a reaction of the damaged personality to its surroundings, as a sort of replenishment of the lost function.

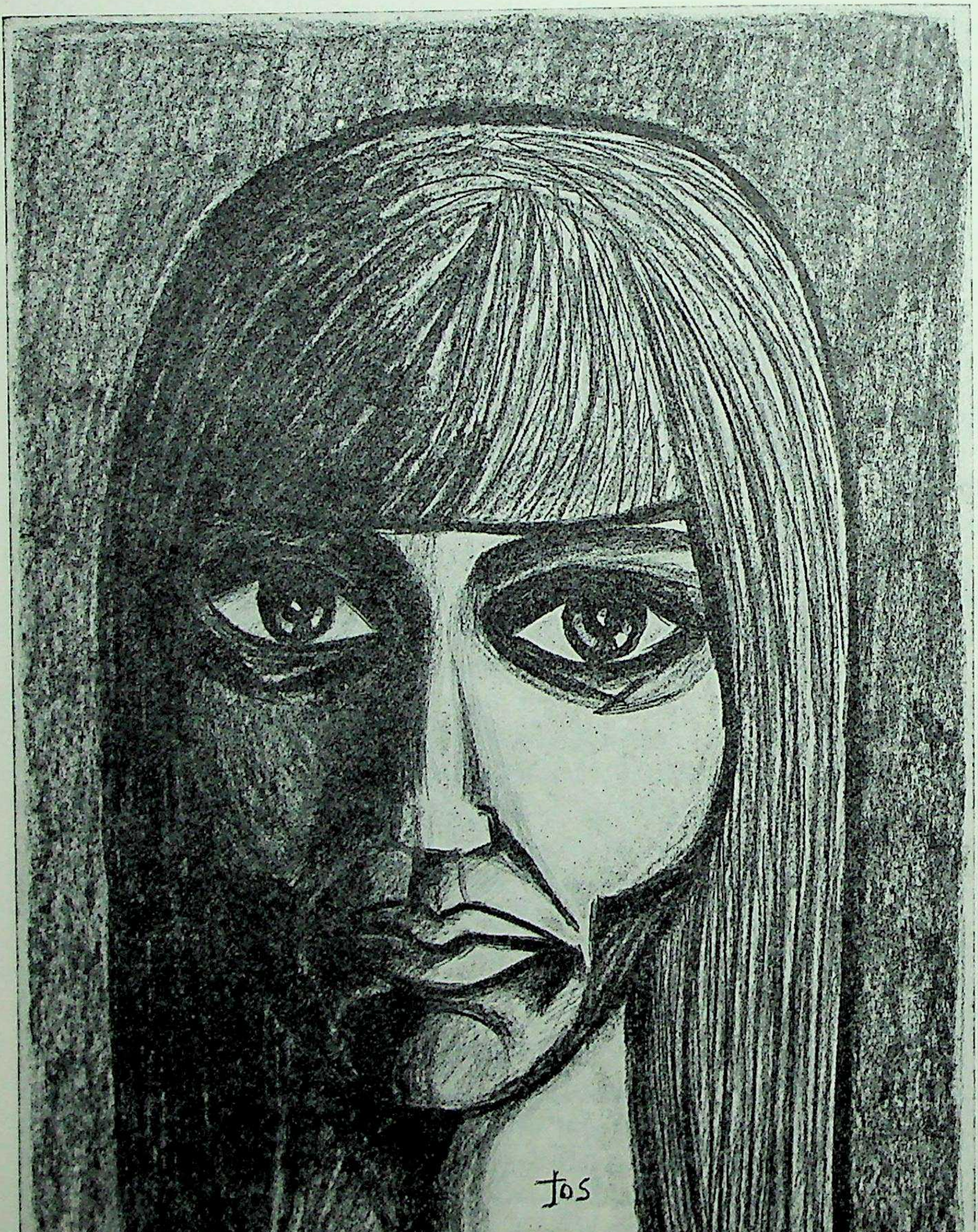
This argument becomes clearer if we think of the differentiation which Jackson made between *negative* and *positive* symptoms. He assumed that in a disease a given function or various functions become deficient or decrease in effect (*negative* symptom). This is, in the case of schizophrenia, one or other cerebral process. The part of the organism and of the mental life which has remained intact now continues under the different circumstances caused by this loss, and possibly attempts to replenish that lack again (*positive* symptom). If, for example, the censor, the purpose of which is to maintain the repression of inadmissible ambitions in the unconscious, gradually becomes deficient under the influence of the schizophrenic process, then the complexes present in the unconscious come to the surface. Thus, Kronfeld has described the occurrence of pre-logical, primitive ways of thinking as 'an eruptive breaking through of more primitive, phylogenetically older thought organisations in the cracks of the psyche of the psychotic affected by the process'. The patient himself can of course experience these eruptions as strange and unnatural, and they can bewilder him completely as being incomprehensible and new. After all, he does not know his unconscious and more primitive structural elements.

Carp has repeatedly pointed out that it is incorrect in psychoses to pay attention solely to the negative (deficiency) phenomena, to the disorganisation and disintegration to which the personality becomes a victim. There is certainly a falling back to a more primitive level of life, a regression to simpler forms of organisation, yet the capacity to regulate hardly ever disappears completely, almost always remaining recognizable. Thus, even a delusion can show a regulating function, the patient finding new equilibrium in it. By means of his delusion he can initially suddenly explain inexplicable things. The vague threat of the world around him, the alarming and incomphrensible things that take place in it, the inconceivable and weird aspect of an approaching destruction, to which he can offer no resistance, can suddenly become comprehensible to him if he sees this as being pursued by certain enemies who want to destroy him. Now he knows against whom he has to defend himself, he finally knows what he is about, he again has a degree of certainty, even if it be unpleasant, but from which he can begin to take steps against the danger. These attempts at re-integration should always be borne in mind in addition to the disintegration phenomena.

Most investigators are now of the opinion that the whole personality is affected by the schizophrenic process. As a result, the contrast between primary and secondary symptoms has receded into the background. It is namely a question whether the loss of one function can change the *whole* personality basically. Contrary to the case with other psychoses, the whole personality changes in schizophrenia. It deteriorates and it is much more probable that a complicated constellation of factors plays a part in this than the loss of one mental function. The theory of one 'basic disturbance' is finding fewer and fewer adherents.

This basic disturbance has also often been referred to very vaguely. Stransky, for example, spoke about *intrapsychic ataxia*, by which he meant an insufficient equilibrium between thinking and feeling, between 'noöpsyche' and 'thymopsyche'. Groos spoke of a *disturbance of the highest cerebral functions and a deterioration in consciousness*, Berze of *primary insufficiency of the psychic activity*, that is to say a shortage of energy, as a result of which the highest levels of thought can no longer be reached, etc. Bleuler himself and various of his pupils continued to regard disorders of association as the most primary. They used the expression *Assoziationslockerung* (loosening of associations) or *Schaltschwäche* by which they indicated an elementary weakness of the capacity to integrate. The concerted action of the various functions, of passions and emotions was deficient, while the associations in the narrower sense (coupling of thoughts) also began to suffer. The functions taken individually do not yet need to be weakened for this, but their working together becomes disturbed, an internal disorder in equilibrium resulting. Gruhle introduced as a primary symptom the *primary symbol consciousness*, sometimes referred to as the symptom of 'double book-keeping', which is of great importance in the formation of delusions. In the sufferer from schizophrenia the consciousness that a thing or a situation has a very definite symbolic significance alongside the vulgar meaning so far given occurs in a completely unmotivated way. This suddenly arising 'insight' is not the product of logical reasoning and deductions, but appears suddenly as an 'experience'. It is striking that this experience arises only from a very definite mood, referred to as a 'delusionary mood' or as a 'schizophrenic basic mood'. In this mood, the patient suddenly recognizes in what he perceives the essential expression of the essence, of the nature of the object or situation. Something similar, but not in this specifically schizophrenic mood, can occur in artists, children and primitive races, in other words in persons who are mentally normal. The expressionist artists even defended their art on the basis of this insight! We shall return later in detail to this basic mood, which was described very extensively by Jaspers and particularly by Wyrsch. This is also taken as being a primary schizophrenic symptom.

Conrad described a curious phenomenon which he called *apophany*, which shows a certain similarity with the symbolic experience. He meant by this an *abnormal consciousness of significance*. Things have for the sufferer from schizophrenia a very definite significance which touches him personally. The normal person can easily change his system of reference. One thing concerns him, the other he does not relate at all to himself, he is indifferent to it. The sufferer from schizo-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phrenia, on the other hand, relates everything to himself, he feels himself to be the centre of everything, or its target. He does not know the objective element, he experiences everything subjectively and considers that everything that happens in the world has something very special to say to him. Everything has a purpose, precisely for him.

Kronfeld referred to a *disturbance in the activity consciousness* as being a specifically schizophrenic, primary symptom. The normal person experiences his own ego as being active. Everything he does and thinks, he does himself, even if his ego can during this behave more or less passively, for example in actions carried out automatically. The sufferer from schizophrenia has, in the state of completely clear consciousness, the feeling, in a completely inexplicable way which cannot be felt into, that he is not himself thinking and acting, but that others are thinking through him and causing him to carry out specific actions. He does not recognize what he thinks as coming from himself, it is 'dictated' to him from outside (for example 'autochtonous thoughts' and/or 'actions'), or he considers he is 'possessed', in the power of demons. If this phenomenon of disturbed activity consciousness occurs in a sufferer from a psychosis while he is in a state of clear consciousness, then we can with virtual certainty decide on schizophrenia. All sufferers from schizophrenia do not, however, experience this strange phenomenon, so that it is not very often used as a factor in diagnosis.

We could mention various other phenomena which have been described as primary symptoms, but this would take us too far afield. They have also in by no means all cases contributed to a more certain method of diagnosing the psychosis. Schizophrenia cannot be described as the sum of a greater or smaller number of symptoms. It is something quite different! Each phenomenon is coupled to others and cannot be judged separately. Viewed independently, each symptom becomes useless as a factor in diagnosis, since it is not absolutely typical of this psychosis. The diagnosis is by no means always arrived at on the basis of symptoms becoming apparent at the moment, but takes into consideration the whole course of the psychosis in its relation to time. The structure and manner of experiencing of the patient should also be taken into account, even his expression being of importance. This includes such things as intonation when speaking, his often peculiar choice of words, his modified use of words, mimicry, attitude, in fact his whole psychomotor behaviour.

Of greatest importance is, however, the way in which *affective contact* takes place. This contact is always disturbed. One does not really reach the patient, although a conversation takes place. This does not exactly mean that the patient's emotional life is completely blurred. He certainly knows emotions such as terror and joy, sympathy and antipathy. He nevertheless lives in a completely different world from that of the normal person and thus remains unapproachable, although it is true that if one knows him for a prolonged period and approaches him in a natural manner, that is to say not in the situation of an examiner, a certain contact can take place. It was

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principally Wyrsch who, having a thorough knowledge of the schizophrenic patient, repeatedly pointed out that an incorrect attitude on the part of the investigator can stand in the way of and even render impossible an affective contact. Unfamiliarity with the schizophrenic world of experience, unwitting disturbance of emotionally-laden complexes in the patient, the forced nature of the examining situation, which can have a blocking effect even with normal persons, and the preoccupation of the sufferer with his exceptional experiences, could all have a hindering effect.

Rümke has already pointed out in this connection that the sufferer from schizophrenia was previously considered too much as being an isolated person, just as earlier psychology in its deliberations isolated every individual artificially from his world. It is just this living together with others that is typically human. It was the old scholars who said: 'all being is a being in relationship, other forms of being are at least unknown to us', a subject which has been taken up again by the anthropological-psychological movements in our own time.

It does not matter so very much whether this being together is a result of a social instinct, or is present directly because of being a person as such and has no further derivation, or whether it is a reminiscence of the time when he was completely dependent on his fellow beings, something like being conditioned during the first years of one's life. It is important that we always meet man in a human context. Rümke considers this 'becoming detached from context' as a basic phenomenon in schizophrenia. The sufferer stands outside the community of people, isolated. He no longer stands in a relationship to his fellow man. It is not that he consciously steps out of the community, this taking place instinctively. Rümke sees as the nucleus of schizophrenia a *disturbance in the basis of instinct*, the generative and social instinct in particular being involved. If we view feeling as the mental representative in the consciousness of instincts, passions and ambitions, then the change in affectivity also becomes understandable. Love and feelings of sympathy languish, the need for contact decreases. This is not the product of an increasing autism as a primary symptom but, as a result of the languishing of the social instinct, the patient is thrown back on to himself more and more. Affectivity as a whole does not diminish. Everything which is a form of communication likewise becomes impoverished. Mimicry, for example, becomes rigid, language begins to lose its communicating character although the function of speaking remains intact, speech becomes monotonous, words are used which have a meaning for the sufferer alone, not being understood by others. We also often see strange phenomena which can be construed as attempts still to enter into contact, as if there were in the patient still a craving for communication.

Since contact always depends on reciprocity, the healthy person cannot reach the schizophrenic patient. He no longer finds him and he gets the unpleasant feeling of being confronted by an emptiness, by something very strange. He must begin to feel uncertain, since something is not taking place in his partner in conversation which is otherwise found in contact with others. Disturbed mimicry also plays a part here, just as the inability of the sufferer to express feelings of sympathy which may be present. This 'un-home-like' feeling, which is aroused in normal people in their attempts to make contact with the schizophrenic patient, is called by Rümke the *praecox feeling*. He regards it as a subtle, but very important aid in making a diagnosis, although not every investigator will feel it arising in him just as quickly and although it requires a very great deal of experience to be able to rely on it.

If morbid isolation is a characteristic of schizophrenia, morbid openness can also occur in it if the repressing functions begin to fail and, as it were, there is a continual flow of unconscious elements into the conscious. Van der Drift has also referred to this. It is not that the contents of thought then settle the matter. Important as these may be, the diagnosis is never in the first place based on them. It has repeatedly been shown that the secret of schizophrenia is a *secret of form*. Likewise we see that unconscious conflicts and complexes play an important part in the origin of dream life and of the various neurotic reactions. Much has in fact been written about the similarity between dream life and schizophrenia. Although there are also great differences, it is typical of schizophrenia that the thought contents are experienced with generally clear consciousness (except in cases of delirium), so that reality continues to exert an influence. The possibility of entering into contact with the external world consequently continues to exist, actions can be carried out, etc. The nature of the schizophrenic mental disturbance is then not determined by the content, but by *the form of experiencing and processing* the contents of mental life. We can in fact sometimes already make a diagnosis if we still scarcely know the content of thoughts, notably on the basis of the disorder in contact which has been described.

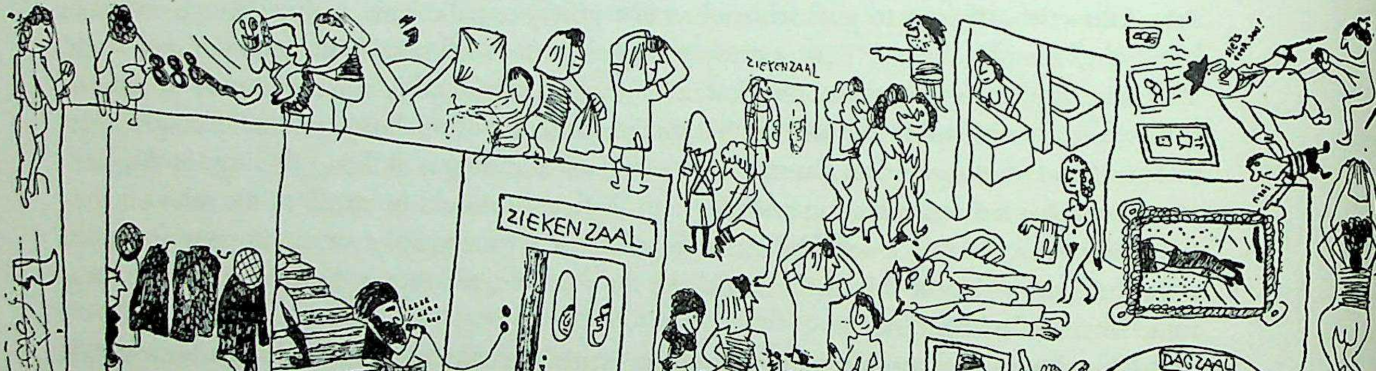
As the last element which can be considered in the making of a diagnosis, we may mention the *premorbid personality of the sufferer*. As far as the reaction of the person to the external world is concerned, Bleuler distinguished two types, namely the *syntonic* type – virtually corresponding completely with Kretschmer's 'cyclothymia' – compared with the *schizoid* type. These are not fixed at birth for the rest of one's life. In the case of normal people, the one dominates in one phase of life, the other type of reaction in another. Both forms of reaction are independent of one another and can consequently change quantitatively and qualitatively independently of one another. Every person consequently has the possibility of tending in the one or other direction, although we certainly see many people who show a preference for one of the two directions. *Syntonic* is, according to Bleuler, chiming in with, being equally tuned, harmonising of the affectivity with the surroundings, reacting harmoniously as one whole. If the syntonic person is sad or happy, he is so completely, he surrenders completely to the mood, other moods then being silenced. By *schizoid*, Bleuler does not at once understand something morbid, although the schizoid personality is less harmonious, less well integrated. He also does not give himself completely in contact, we gain the impression that he is withholding something, that we do not know his personality completely. Kretschmer considered schizoidia as an intensification in the pathological direction of (normal) schizothymia, while there exists, according to him, a continuous transition from schizoidia to schizophrenia, without the occurrence of 'qualitative jumps'. In any case, the schizoid personality is inclined to separate itself from the world, to go its own way. This can undoubtedly assume pathological forms. We cannot discuss further here schizoidia as a premorbid structure in the case of sufferers from schizophrenia. It is however certain that by no means every schizophrenic patient was schizoid prior to the outbreak of his disease. We find quite different premorbid types, particularly in the case of paranoid schizophrenics. Much criticism has been levelled at these views of Bleuler and Kretschmer. Thus, Wyrsch, for example, wants to replace the schizoid-syntonic polarity by that of '*an-sich-halten*' – '*aus-sich-heraus-gehen*', thereby approaching Klages' views concerning the 'quality of the character', where he describes the 'system of motives' by the contrast 'combining mental energy' (self-preservation) – 'liberating mental energy' (self-abandonment).

In French psychiatry, which never agreed with Kraepelin, a distinction is made between dementia praecox and schizophrenia. Claude and his colleagues consider the first of these diseases as a primary process psychosis, characterized by anatomical changes which can lead to serious deterioration and, as a rule, showing a decidly schizophrenic character. (It corresponds completely with Kraepelin's picture of dementia praecox). In addition, they distinguish a different picture, which they call 'schizophrenie', a constitutionally fixed affliction, namely a schizoidia, characterized by a tendency to dissociation of the personality and to an inability to enter into emotional contacts with the external world, a tendency to interiorisation, to imaginative constructions and symbolisms. This tendency can under favourable circumstances remain completely within the limits of the normal through good introspection and a reasonable function of the conscience. We nevertheless also see on this base conditions of agitation, depressions and the like, as a result of which isolation from the external world becomes much more manifest. Claude called these states 'schizomania'. They are nothing more than an accentuation of a schizoid tendency. If the disturbance assumes a more serious character on this base, then he wants to make the diagnosis 'schizophrenia'. Contact with the external world is then lost, autistic thought predominates, the formation of symbols, delusions and signs of mental deterioration occur. These latter are a 'secondary' consequence of the dissociation which are first noticed in an increasing autistic attitude. These cases are however curable.

It is clear that a different use of the word 'schizophrenia' is thus introduced and can only give rise to confusion. It is certain that in this way we should have to include the schizoform reactions of Kahn and his schizoid reactions to an idiotypic base in the concept of schizophrenia. These are, in reality, 'pseudo-schizophrenias'. We could, with Minkowski, possibly consider 'schizomania' as a 'forme fruste', a slight form of schizophrenia. In any case, it is better to use a different name for the conditions described by Claude. The thought of this French investigator, namely that schizophrenia is a reaction based on the constitution, is also found in Meyer who arrives at the diagnosis of 'schizophrenia' if there is a constitutional inability of the patient to adapt himself to reality. This is a view which is widely held in America. The symptoms of the disease would then have to be viewed as a withdrawal from the demands of reality, a flight from life.

Since investigations concerning the inheritability of schizophrenia are not of direct importance for our investigation, we shall not discuss them further here. The same applies to the physical habitus which is said to occur predominantly and which was first described in detail by Kretschmer. Likewise, attempts to give schizophrenia a purely organic basis, such as have been made by Kleist, Arnold and the Tulane study group and others fall outside the scope of our work. The same applies to the various physical defects which are found in a great number of cases of sufferers from schizophrenia, such as aberrant construction of the body, cerebral changes, neurological and vasovegetative disturbances, biochemical changes, differing findings in the electro-encephalogram examination and the like. Reference should be made to the relevant literature for these. Finally, it will be possible to mention in passing only various important clinical symptoms occurring in this diseases, such as, for example, the motor disturbances in the catatonic forms of schizophrenia.

Before closing our considerations about the essential elements of schizophrenia however, it seems desirable to describe now in greater detail certain symptoms which we have mentioned repeatedly. The order in which this will be done is not intended to indicate that those mentioned first are more important than those which follow them. In order to render this more convenient, an old plan is followed. We shall discuss successively disturbances in emotional life, in thinking, in volition and action, in the ego and in instinctive life. One disadvantage of such a scheme is that the mutual connection between the symptoms can be lost. We have already seen that no single symptom is really pathognomonic and that no single symptom, when lifted from its context, can be regarded as decisive. If we bear this danger in mind and always try to include the various symptoms in one context, then this objection is largely dispensed with.


NIETS VOOR JOU!
ZIEKENZAAL
ZIEKENZAAL
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KOOT
ZUSTER MEYER

Emotional disorders

One of the most important phenomena in schizophrenia which is, in most cases, present for a long time before the other symptoms begin to occur and which is particularly striking in cases developing chronically, is a peculiar change in the *basic mood*. This change in mood is difficult to describe. It is vague and not related to events in reality. It is a feeling of unrest, of anxious expectancy, of being threatened, of an approaching disaster which cannot be further described. The patient has the impression that things around him mean something, that they have a significance which he did not notice in them before. He makes all sorts of connections which a normal person does not make. The people around him look at him in a strange, significant way, things appear differently. It is not that sensory perception has changed, but there is a different atmosphere surrounding things, the old familiar surroundings have a strange 'charge', there is something in the air. The patient is, however, unable to say what is threatening him. The simplest things acquire symbolic significance, they point to mental realities which are only surmised and cannot be expressed.

This general delusional *mood*, having no circumscribed content or direction, is very alarming and means for the sufferer a terrible torment and uncertainty. Every idea which can serve as a fixed point in this atmosphere of uncertainty is a relief, even if it offers an unpleasant certainty. An idea can also suddenly arise on this base, such as of being pursued by certain enemies, of being 'processed', of a plot directed against the patient, etc. This is not as a product of conscious thought, a logical deduction, the result of an attempt to explain this vague, ominous thing (a real explanatory delusion arises later only), but as something completely new, something sudden, an intuition, unreasoned and spontaneous. The content of this idea which gives 'certainty' does not matter and is often merely something arbitrary, but is experienced in a completely different way from that in which a normal person would experience the answer to a riddle. The new, modified mood can also be one of delight and ecstasy, a feeling of being selected by God.

This mood is not infrequently the basis for the occurrence of strange eschatological ideas. The patient thinks that the world is going to be destroyed, that a catastrophic cosmic event is about to happen. The old heaven and earth will pass away. This is sometimes coupled with the coming of a new universe. One might be inclined to explain this experience as a projection phenomenon. The patient vaguely feels his own mental destruction, the change and disappearance of his familiar world. He now projects this feeling on to the world around about him. This explanation

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is probably only partly correct. The realization of an impending catastrophe is much more primary, not a thought construction, but an essential element in the experience of schizophrenics. This idea can also bring with it both fear and delight and ecstasy. It can suddenly break into the consciousness. Without any motive, the sufferer considers that everything has now become clear and intelligible to him. What was vague and mysterious becomes transparent for him, he sees through the meaning of life and of the world right into their deepest depths. It is understandable that all sorts of hallucinations and delusions, strange behaviour and thoughts can flourish from these experiences. We shall be discussing these again later.

Reference has repeatedly been made to the fact that – particularly in cases in which the schizophrenic process has already progressed for a prolonged period – *flattening of emotional life* is certainly one of the most typical phenomena. One does not achieve any real affective contact with the patient. There is at the most a superficial apparent contact. One cannot reach him. He is indifferent, rude and awkward, does not experience things with others, does not take them into account at all. Compassion is foreign to him, he shows no interest. He neglects himself, does not worry about decorum, can behave in a shameless, brutal and ill-bred way. This attitude of turning away from reality and directing of oneself completely inwards was already described by Kraepelin as being a primary symptom under the name *autism*. We shall be returning to it in detail later. This feeling of no longer being able to make contact with the patient arouses a strange sensation in the normal person, which has been referred to by Rümke as the *praecox feeling*. Entering into contact with others is an instinctive occurrence, not primarily a deliberate act or action. We have already spoken about the weakening of instinctive life in the case of the sufferer from schizophrenia, and it is just this 'instinct to approach others' which is disturbed in this illness, just as the sexual instinct in so far as it contains components involving an approach. Rümke considers this disturbance as the most typical feature of schizophrenia. Affects which are the expression of other instincts can in fact remain completely adequate.

Although we can, in advanced stages of hebephrenia and catatonia, almost speak of a complete deadening of the emotions, it is nevertheless a question in very many cases of whether we do not see in the indifferent patient who is directed towards himself, who repels us in an annoyed manner when we try to approach him, or who does not react at all to our efforts, a completely flattened, 'dehumanized' person. The disturbance in contact lies, after all, not only with the patient, but also with those who attempt to approach him. The sufferer from schizophrenia lives in a completely different world from the normal person, he no longer understands the latter's world, he also speaks a different language, attaches to things his own, often symbolic significance, which the normal person does not know, and cannot understand or feel himself into. It is probably therefore more correct not to call the sufferer from schizophrenia insensitive, but to see him as someone who is no longer in a position to express his feelings in an intelligible way, notably his feelings of sympathy. Anyone who has any experience of a psychiatric hospital knows that even serious schizophrenic patients can attach themselves solidly to certain nurses or doctors. Insensitivity is often also clearly partial. Completely flattened patients often still show warm interest in their children, enter into their lives, are worried about them, while they appear to be completely indifferent as regards the rest of the world. This is often striking, particularly with female patients. Furthermore, some old interests are preserved for years during the illness, while others disappear rapidly.

The fact that emotionality has not completely disappeared is also evident from *mimicry* or facial expression. Even in the case of completely silent patients we see the most divergent expressions appear on their faces, such as those of fear, anger, contentment and the like. They do not, however, express themselves about what is going on inside them. It is also not clear whether the emotions which we imagine we can read from their face are in fact those which they are feeling at that moment. The inadequacy of the affect is indeed a striking schizophrenic phenomenon. At the beginning of the illness most patients are over-sensitive. Later they appear to have preserved only the most primitive emotions, such as those of anger, fear and the like. They can suddenly burst out into uncontrollable laughter at moments when a normal person would be moved to tears. They can be violently upset by trifles which a normal person would scarcely notice. They can show the greatest cruelty and, at other moments, true anxiety towards a fellow-patient. Everyone who visits a mental hospital is struck by the 'empty' smile of the hebephrenic. Nevertheless, the question again arises here as to whether the affect is inadequate, even if the reaction of the patient to a given situation strikes us as being completely incomprehensible. His reaction is perhaps related to an inner mental attitude which is other than we can surmise and which the patient himself cannot even put into words.

The unpredictability of the affective expressions of the schizophrenic patient is perhaps related to a certain *complex sensitivity*. It has repeatedly been suggested that he reacts emotionally only when a 'complex' is touched, these being affective-laden thought contents which played an important part in his mental life before or at the beginning of the illness. It appears again and again in fact that old affects can remain unchanged for a very long period. Older patients can also sometimes communicate in a calm tone, with a friendly smile on their face, the most terrifying delusions which torment them. We see this in particular in patients in whose case one speaks of a 'schizophrenic dementia'. Emotions do not apparently run parallel to thoughts.

Bleuler has described in detail the *ambivalence* of the emotional life of sufferers from schizophrenia. At any one moment completely contrasting feelings can exist for the same person, for example hate and love. The patient can feel himself omnipotent and, at the same time, disturbed and small. This ambivalence is also shown in the sphere of the will and thinking. The patient wants to do something and at the same time he does not want to do it. He wants, for example, to go up a flight of stairs and at the same time remain downstairs. He places his foot on the first step and then immediately places it on the ground again. In this way an endless to-and-fro of opposing movements to the left and right can arise, from which nothing positive results. He produces the most contradictory ideas straight after one another. Disturbed integration is probably responsible for this, the various components of the personality no longer being bound together to form a higher whole.

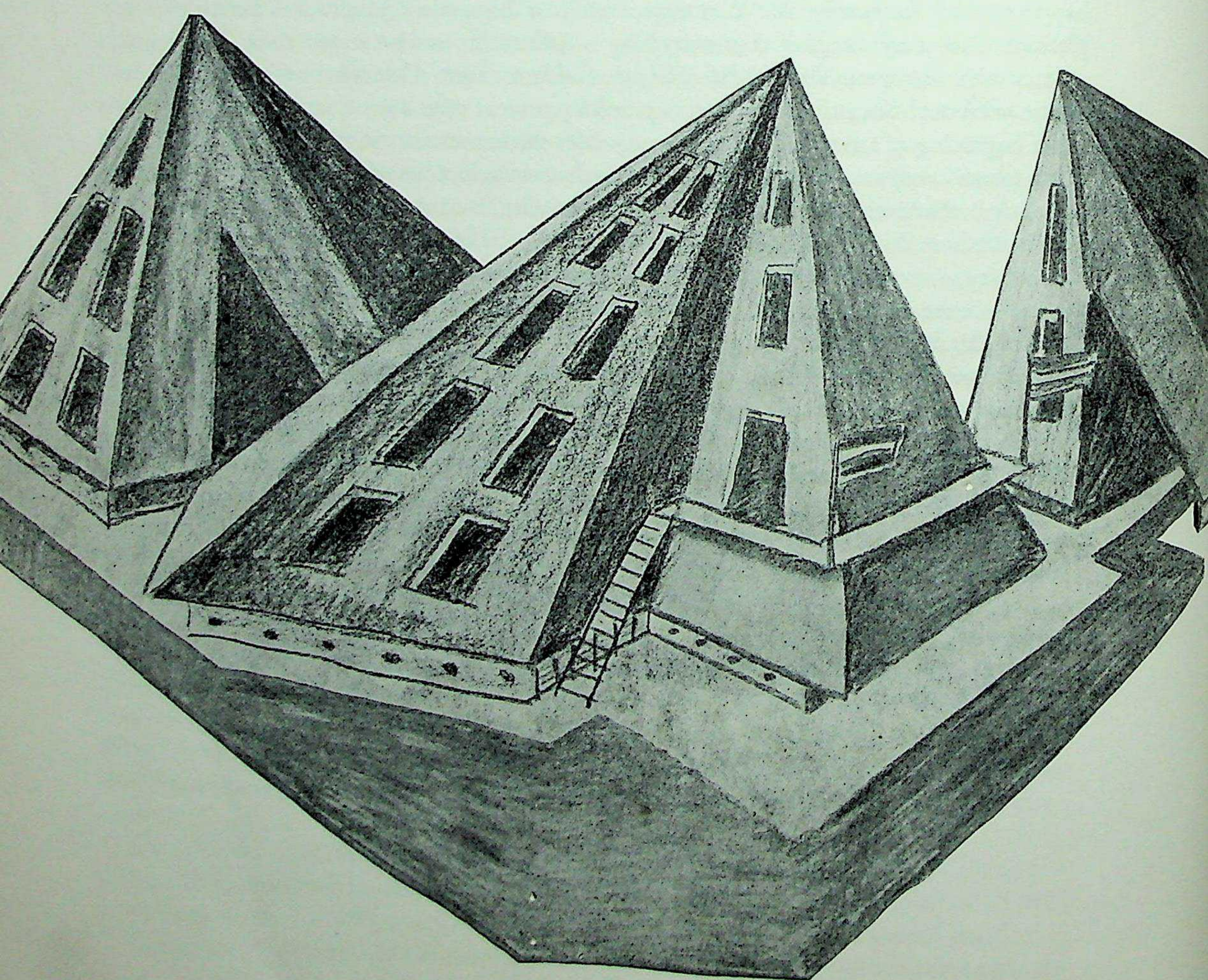
Almost all investigators who have studied the problem of schizophrenia have referred to a strange attitude of mind which is found in virtually all sufferers from this disease and which has been called *autism*. We have already mentioned it in passing. We understand by this a morbid exaggeration of introversion, a morbid turning-in upon oneself, a complete absorption in one's own world, a turning away from reality, a withdrawal from influences from the external world, an exclusive preoccupation with one's own thoughts and fantasies. This autistic world has the same value for the patient as objective reality, although he knows that they represent two different worlds. Both can exist at the same time quite independently of one another. On the one hand, the patient becomes absorbed in his fantasies, on the other, he behaves in the institutional ward, where it is a question of superficial matters, in quite an adapted manner. He talks with his fellow-patients, takes part in recreations, carries out his activities without speaking about the matters going on inside him. In more serious cases, both worlds merge, and there results the curious condition in which things and events have for him two or more quite different meanings at one and the same time, namely that in which the normal person believes, the objectively valid one, and one which applies to him alone, which is purely subjective and is in most cases to be regarded as symbolic. A chair is a chair to be sat on and at the same time a grandfather. Finally, the sufferer can lose all contact with reality and become completely absorbed in his autistic world, which alone has any value, in spite of sensory perceptions which are in conflict therewith. If one tries to obtain contact with such a patient, to bring him back to reality, then one encounters a passive or sometimes also an active resistance. A *negativistic* reaction is the result. The patient resists any interference from outside, this very often being associated with possible aggressive outbursts. If the patient is asked a question, there may be no answer. He may go his way completely silently for months on end (*mutism*). One may obtain a completely inadequate reply which has nothing to do with the question asked. These 'paralogical' answers can be very bizarre (*Vorbeireden* or 'talking past the point'). Sometimes we imagine that there is something profound in the answer and think of similar answers occurring in the writings of Zen-Buddhism (Koans), although one cannot get to the meaning which is very probably not there anyway.

The attitude adopted by the patient can clearly reflect this extreme autism. He sits bent up in a corner of the room with his face turned towards the wall, often with his eyes closed or his head enveloped in a sheet, motionless, without worrying about what is going on around him.

The content of the thoughts in this autism consists completely of fantasies, desires and ambitions, fears and the like, so that Kretschmer spoke of 'catathymic thought'. It is completely dominated by affective needs. The patient thinks in symbols, in analogies, according to completely arbitrary associations. We shall be returning later to this disturbed thinking which represents a regression to more primitive forms. It is obvious that this autistic condition in which the patient is absorbed in his fantasies gives direct rise to the occurrence of delusions, hallucinations, etc. The only reality is for him his own inwardness.

The patient need not be aware of this change. In the case of intelligent sufferers it nevertheless happens quite frequently that they experience it as being very painful and hardly ever as pleasant. They may complain that everything is different from what it used to be. The loss of contact with reality can alarm them. They anxiously wonder: what is happening, what is the matter with me? Sometimes this is recognized by persons with a good introspective capacity as the beginning of a mental disease. In many cases this experience can give rise to suicide, this by no means being a rarity amongst medical students who become schizophrenic.

It is clear that autism, this turning away from reality, is connected with the disturbance in instinct we have described. The social instinct in particular becomes deficient. Fellow-man, the community, events in the world lose their significance for the sufferer. In the end, he no longer has any interest in anything. He neglects his appearance, no longer shows any activity in any direction, his desire to work disappears, the opinion of others no longer has any value for him, the functioning of his conscience becomes deficient. Hebephrenic patients in particular show this deterioration of the whole personality in a painful way. They lose caste and can end up as tramps and vagabonds. Girls easily fall victims to prostitution, not to provide themselves with a living, but from indifference. The life of very many people who at a point become the victim of the schizophrenic process shows a striking *deflection*. Promising young people of whom one has expectations suddenly become 'lazy' and apathetic, neglect their studies, coarsen, no longer do anything, become asocial and go to pieces mentally. This 'deflection' may almost be called typical of the development of a schizophrenic process.



Thought disorders

Thought disorders are of the greatest importance for arriving at the diagnosis of schizophrenia and are regarded by many as being a primary symptom.

As far as the *stream of thought* is concerned, this can be accelerated to a *flight of thoughts* which resembles very much that found in cases of mania, at least if one listens only superficially to the patient. The patient may complain that his thoughts follow one another so rapidly that he cannot keep up with them or that he has to think so much that he is absolutely exhausted as a result. This manner of thinking is sometimes experienced as a compulsion. More striking, however, is the occurrence of so-called *blockings*. We do not mean by this a slowing down, a braking of the stream of thought, but the sudden stopping thereof. The patient suddenly becomes silent in the middle of a sentence, a few moments later continuing the conversation with a subject which has nothing to do with what he was talking about before. In some cases such a blocking lasts a second only, sometimes it is as if the thoughts will not start again at all, and the patient remains silent and appears to be quite void of thoughts. Kraepelin, who was the first to describe this phenomenon, considered it as absolute proof of schizophrenia.

In most cases, the patient experiences the blockings as being very unpleasant. He may complain that his thoughts have been 'taken away from' him by something in the external world. He speaks about 'withdrawals' and 'blockings' of his thoughts. This can be absorbed and elaborated in delusions and hallucinations which occur subsequently. The blockings very probably occur particularly when an emotional complex is touched upon in the conversation. They then serve as a protection of the Ego against unpleasant thoughts. This view was defended in particular by C. G. Jung. The schizophrenic process, which cannot be followed psychologically, perhaps also plays a part here. It is sometimes difficult to separate blockings and negatavism during observations.

If the blockings themselves can give the impression of confusion, this is greatly intensified by *disorders of association*, being the way in which thoughts are coupled together so as to deviate widely from what is normal. Associations lose their continuity, become illogical, bizarre, cannot be followed. Two thoughts meeting by chance are combined into one, or sound associations put on to the same level in a way which cannot be felt into acquire an excessive importance and quite often create a forced impression. Some thoughts persist for an abnormally long period

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and keep on returning in a conversation. In this way we often gain the impression of a progressive impoverishment of mental life.

Thinking is a complicated process in the case of a normal person and shows a complicated hierarchy. We think in a given direction, towards a goal, again and again rejecting irrelevant ideas, continually choosing from the material which offers itself, so that a certain unity arises. The schizophrenic patient does not make this choice, immediately uttering what occurs to him by chance and can lose himself in endless, irrelevant details. The associations themselves need not be absurd, but nevertheless often create a bizarre, laboured and distorted impression. Often they are impossible to follow. This renders contact with the patient particularly difficult. Quite often we obtain an answer which has nothing to do with the question asked, a chance idea of the moment being used as such. It is consequently understandable that we can, upon repeating a question, expect a completely different answer. We may however keep on receiving the same reply to a long series of questions. One particular thought continues to 'stick', the patient being unable to rid himself of it. In some cases verbal contact with the external world is restricted to the enumeration of things the patient has by chance seen or heard, or he may repeat only the last word he heard as an echo. This phenomenon is referred to as *echolalia*.

It is understandable that a picture of, in some cases, far-reaching confusion can arise through this strange method of association which is in turn partly related to various complexes having a special emotional value for the patient. Many associations are impossible to follow. Only if we are conversant with the affective basis of the patient's thought, is it sometimes possible to give a meaning to apparent nonsense. We should then be able to follow the course taken by the thoughts. If, for example, a female patient associates a deceased nephew with the word 'wood', then this becomes understandable to us only if we remember that she first associates the word 'wood' with 'wooden case', i.e. 'coffin', which brings her to her nephew whose burial she attended a short time ago. Such 'jumps', the result of the cancelling out of the intermediate links, are very common and are the cause of our inability to follow the remarks of the sufferer from schizophrenia. The answer to a question is often merely an association of the answer and not the answer that the patient himself intended. All these derailments can give rise to a picture which is indicated as *Zerfahrenheit* (inconsistency) or *Verschrobenheit* (screwiness).

It also happens that some patients will, in more advanced stages of the illness, use words completely in their own way. This *modified use of words* renders understanding even more difficult, if not impossible. This is perhaps influenced by the fact that the patient has such strange experiences in his sick mind that he can no longer express them in the normal language to which he was accustomed. He can then arrive at completely new words, 'neologisms', new symbols, the meaning of which is known to him alone. Ordinary words can also be combined to give new structures ('condensations') or confusion can arise since the patient gives only a concrete significance to all words, even if they are intended in an abstract sense ('concretisations'). The omission of certain letters or word-endings (again having a complex significance), changes in stress, the leaving out of conjunctions and articles etc. can result in a sort of telegram style. If there are coupled to all this unintelligible abbreviations, then the final result is a completely unintelligible language, previously referred to as a 'word salad'. Periods during which the patient speaks normally alternate with phases with these confusions in speech. Some patients finally preserve only their 'secret language'. All these changes in speech are referred to by the term 'schizophasia'.

Even if the patient still speaks normal language, we are often struck by a bombastic or an infant-like, awkward style. Sentences are peppered with grand words or words from a different language, the meaning of which does not always appear to be understood. The fact that letters and the like can show the same 'mannerisms' is obvious, although it can happen that a patient who expresses himself verbally in highly grotesque form, will be quite normal in his use of the written language, or vice versa. The manner of speaking, e.g. intonation, articulation, pitch, tempo etc. can also show strange changes.

There are consequently many formal disorders in thought on the part of the sufferer from schizophrenia, so that it is understandable that people have coined the expression 'schizophrenic dementia'. If the loss of a certain efficiency is regarded as the characterising feature of every dementia', then we are in fact justified in using the word 'dementia' in some cases of schizophrenia. (Earlier psychiatry did, after all, speak of 'dementia praecox'!). Great care should however be taken not to confuse this schizophrenic dementia with those forms of dementia which are the result of organic changes in the brain, such as for example in arteriosclerosis, dotage, etc. In the case of sufferers from schizophrenia, the intelligence remains potentially intact, at least for a very long period. If we examine separate functions, such as inculcation, memory, orientation and the like, then the result can in every respect be satisfactory. The use of these powers has however suffered damage through the schizophrenic process, the patient not being able to apply them correctly. They do not then appear to their full advantage, at least not all the time. A conversation with a schizophrenic patient will go on for a period completely normally, but thought disorders of a serious nature will suddenly appear! The cause of the impression of dementia which the patient can create is principally the affective disturbance which influences thought, the peculiar role which the emotionally-laden complexes play. Indifference towards the external world, irritability which results when the patient is forced to direct himself outwards, the autistic turning of attention inwards must have a strongly negative influence on the results of an experimental psychological examination if this should be restricted to a quantitative determination of intelligence. If, during the examination, we hit upon a complex, this can result in a complete blocking of thought, or a stream of thoughts of great liveliness may occur! This naturally has a marked influence on the result of the examination.

Even if the various intellectual functions can consequently themselves remain intact, the result they have for the patient is slight. He does not know what to do with them, he is not in a position to process data from the external world properly. It is, in practice, not very relevant what this inability is the result of. It is however certain that we can better speak of an emotional or social dementia in these patients, rather than of a dementia of understanding. The reason for deficiencies in understanding is primarily the autistic emotional attitude.

Not only the *stream* of thought, but also the *content* of thought show marked changes in the schizophrenic patient. These changes in content are however not typical of this psychosis. The same disturbances can also occur in other forms of madness, although certain contents are found much more in schizophrenia than in other mental diseases (think, for example, of the 'physical influencing delusion').

As disturbances in thought content we must first of all mention *illusions*, *hallucinations* and *delusions*. The first two cannot always be separated clearly from one another. Illusions are falsely interpreted perceptions, while hallucinations are imagined perceptions, products of a morbid disturbance of the mind. It is not always easy to decide whether a perception has taken place or not, namely whether it had in fact taken place, but was incorrectly interpreted, or whether it is completely imagined.

Visual *hallucinations* occur in sufferers from schizophrenia, but are considerably less frequent than auditory hallucinations. These latter have, in most cases, an unpleasant or threatening character, consisting of terms of abuse, threats, curses, critical remarks and the like. Sometimes the 'voices' give orders ('commanding hallucinations'), sometimes they merely enumerate what the patient is doing, without any commentary ('accompanying hallucinations').

In most cases, the patient localizes the voices outside himself, in his close surroundings. 'Good' voices come in most cases from above, 'evil' voices from the floor, at least from below. The patient sometimes considers that they come out of his clothes or, not so infrequently, from somewhere in his body. He may also consider that lifeless objects in the room in which he is are speaking to him. The patient can virtually always distinguish real voices and sounds from his hallucinations, although he gives to them just as much, if not more, value than to his real perceptions. He knows immediately what is meant if one asks him about his 'voices'. He feels that they are 'specially intended for him' and realizes in most cases that others cannot understand the voices which he can distinguish so clearly. Just because they are 'specially intended for him', he will in cases of doubt attach more value to his 'voices' than to the reality surrounding him and to his 'real' perceptions.

We do not know how hallucinations arise and what hallucinating really is. None of the existing hypotheses for explaining them is in any way satisfactory. It is nevertheless clear that the content of hallucinations is determined by the thought contents of the patient who displaces these contents outside himself, 'projects' them outwards and, in this way, considers he perceives his own thoughts and ideas in the world around him. Intelligent patients sometimes have a suspicion of this process, at least at the beginning of their illness, and then wonder whether what they consider they hear or see are not their own thoughts or 'fixed ideas' or obsessions. They then doubt the objective value of their strange experiences.

Illusions are just as frequent in sufferers from schizophrenia as hallucinations. Taken on its own, an illusion is not such a pathological phenomenon as an hallucination. Normal people easily have them when they are in an emotional state or are exhausted etc. There is real perception involved, merely the interpretation thereof being incorrect. It is not always possible to tell in the case of a patient whether what he says he perceives is to be taken as completely hallucinated, or whether it is merely an illusionary falsification of a true perception. Sometimes illusions have an alarming character. Persons in the neighbourhood of the patient can change their dimensions, their faces can take on a threatening expression, things can appear to be changed in a 'strange' way, look as if they are a long way away, very small or, more frequently, hideously large. Bleuler described a patient who perceived everything the wrong way around. People were seen as walking on their heads, everything was upside down.

Delusions play an important part in all forms of schizophrenia, particularly in the paranoid forms of the illness. The delusion reflects not only the ambition and desires of sufferers. Virtually every thought content can reveal itself as a delusion, every thought can be projected outside the patient's own personality. The autistic manner of thinking which makes no distinction between subjective and objective, between the internal mental world and external world, between the patient's own experience and reality, becoming completely absorbed in his own world of fantasy, naturally facilitates this greatly. Delusions need not therefore be related in any way logically to one another. They can completely contradict one another. Although they more or less belong together and go in the same direction, they do not, when considered in detail, form a circumscribed whole. Only in the paranoid forms of schizophrenia, with patients whose personality still does not show any too far-reaching deterioration, can we find a fairly logical system of delusions, even if illogical elements are also never completely absent. We find in psychiatric hospitals innumerable hebephrenics who are always expressing different delusions. They are different people at the same time, sometimes even an animal or a lifeless object as well as a human being. They experience in rapid succession the most varied situations, and the oddest sensations can follow directly upon one another. It is then also understandable that Schüle spoke of a 'chaos of delusions', in which it was impossible to discover any line or system. Bleuler reports the case of a young sufferer from hebephrenia who felt how he was being murdered by a negro and who saw his own severed head lying at his feet. The patient apparently does not see at all the contradictory and absurd side of his communications. The most fantastic associations are linked with chance perceptions, which always remain fragmentary only and are never developed. A pointless, senseless whole which is changing continuously is the final result of this manner of thinking.

In spite of this unstable picture, we can however see various delusions occurring fairly regularly. Very prevalent, particularly in the initial stage of paranoid forms of the illness are *self-reference delusions*, in which the patient relates everything that happens in his surroundings to himself, this undoubtedly being related to an intensified symbolic experience. The *persecutory delusion* also occurs very regularly in various forms. The sufferer considers he is being persecuted, people want to destroy or poison him, etc. Sometimes he feels these evil intentions physically, as 'operations by means of apparatus' in the head, chest, genitals or elsewhere in the body. This so-called *physical influencing delusion*, which virtually always has a homo-erotic character (men are pursued by men, women by women), is certainly almost typical of schizophrenia. This cannot be said of other delusions, as far as their content is concerned. All this can make the patient very frightened and tense and can reduce him to acts of despair, to aggressive attacks or even suicide. These delusions are often interwoven with a *grandiose delusion*. The patient considers he is of royal blood, stolen from the cradle as a child like Caspar Hauser (delusion of descent), that he is king, emperor, or a prophet, a great inventor, whose inventions people are trying to steal or have already stolen and are now exploiting, or he thinks that he is God himself, or all these figures at one and the same time.

All these delusions – and others could also be mentioned – occur in all sorts of combinations. As already mentioned, they are not to be considered as attempts to give a rational explanation of what the patient considers he perceives around him in the way of strange and unintelligible things. A delusion never arises as an intellectual explanation of hallucinations. A persecutory delusion is not the product of a logically thought-out self-reference delusion which resulted logically from an 'idea of excessive value'. An influencing delusion does not follow logically from strange emotional hallucinations, etc. All delusions arise spontaneously, without any cause, are not connected with an experience in reality, as an intuition. They are presented 'directly'.

Sometimes the patient will call his delusion the result of an 'inspiration'. An object suddenly has a symbolic significance ('Bedeutungs-Erlebnis'), the symbol not only being experienced as a symbol, but being placed on a par with a reality. Only in the case of a few intelligent patients can there perhaps later develop – but then in a secondary way – a more or less rationally constructed *explanatory delusion*.

It is strange that many patients can however at certain moments adopt a very critical attitude towards their own delusions. This is found particularly in paranoid forms of schizophrenia. This is explained by assuming that a part of the personality remains intact for a greater or lesser period, while another part of it has already deteriorated. The part which is still healthy then looks critically at the part which is ill ('paraphrenia'). It is by no means rare that the patient can even laugh about his own odd experiences and reactions, in which during the next moment he nevertheless again believes absolutely. This phenomenon even occurs in advanced cases of grandiose and persecutory delusions. We cannot however even then speak of an adequate criticism. This is all the more striking when we see that the patient's mood is by no means always in harmony with the content of the delusions produced by him. Not only in cases in which the illness has already existed for a long period, but also in fairly recent cases, the patient can, without showing any affect, describe the most terrifying and horrible experiences, the tortures and insults he has to endure, the state of despair in which he finds himself etc. This does not exclude the possibility that he will, in the next moment, suddenly start a dangerously aggressive attack against his assumed persecutors and tormentors. It also happens that, when speaking in detail about his delusions and hallucinations, he will suddenly interrupt the conversation with the remark that he 'no longer pays any attention to them'.

It is clear that the sufferer from schizophrenia experiences his delusions and hallucinations in a way which is not at all comparable with the way in which a healthy thinking, mentally normal person would experience similar experiences. It is impossible 'to feel oneself into' his mental life.

This is not the place to discuss in detail the problem of delusional experience. Nevertheless, certain remarks should be made in order to understand better our subject, namely pictorial expression in schizophrenics. This will also serve to make certain points clearer, even if not completely intelligible.

Delusions have been classified as disorders in perception, but it has become clear that their basic nature assumes much more than merely a deviation in thinking or feeling. The personality as a whole is concerned, being changed and assuming a completely different attitude to the world than before the occurrence of the illness. Psycho-analysis and complex psychology have shown that the contents of delusions represent projections. Ambitions and tendencies repressed into the unconscious break through this repression into the conscious, are not however recognised as coming from the patient's own internal mental world, but are projected into the external world. Not only thoughts and feelings, but also passions consequently play a part, being expressed symbolically in delusions. In this way people came to the discovery of 'sense in nonsense', and in this way delusions appeared to become completely intelligible, various complexes being recognised in them. They were said to appear in hallucinations, delusions, etc. in sufferers from a psychosis in the same way as in neurotic symptoms. The fundamental difference between a neurosis and a psychosis is lost sight of in this explanation. It nevertheless continues to be strange that non-repressed, conscious elements are also evident indelusions.

It should always be borne in mind that the delusion is a *final product* of a long series of thoughts. All that has gone before is elaborated mentally. The original experience can sometimes scarcely be recognized any more in it. What the patient says about it has then also to be 'interpreted' and must not be taken literally.

The *genuine delusions* occur – in contrast to 'delusional ideas', which result under the influence of strong emotions – spontaneously from the 'delusional mood' we have previously described as a condition of uncertainty and vague frightened oppression. This feeling of being threaetned, of approaching disaster suddenly crystallizes into a delusion of persecution, self-reference, and the like. As a result of this, a new certainty is created. The sufferer suddenly knows 'where he is' and becomes calmer. The content of the delusion can be completely arbitrary and is really not of much significance. In his study *De religieuze projectie*, Siersksma points out that projections, and the delusion is a typical example thereof, occur particularly if the person has the feeling oflosing his grip on reality. The vacuum which threatens to form through the loss of objectivity he then fills up with subjectivity. Man seeks above all security, stability. He must be able to orient himself; otherwise he gets the feeling of plunging into a 'Nothingness'. 'In the projection man creates a world of his own against the objective world, since only his own world gives him the stability he continues to need'. We see the correctness of this view clearly demonstrated in the formation of a delusion.

This at the same time renders intelligible the uncorrectability of delusions. The patient adheres rigidly to the explanation he has found, in spite of all real experiences and counter-arguments. He has to do this, since otherwise all certainty would disappear again and he would disappear into a nothingness. The delusion is a self-defence. The patient cannot give up the basis of his whole existence. This explanation of uncorrectability is perhaps too intellectual and results too much from normal thought. In any case uncorrectability is a fact in the case of the sufferer from schizophrenia. Jaspers speaks here of 'an insurmountable addiction to untruth, an extreme which we should still like to understand, even if we are not able to remove it'.

This is not contrary to the fact that the content of the delusion can change and that the patient also produces real thoughts in addition to this delusion. We have already seen that the content is not so important. It is merely a symbolic indication of something which could also be expressed by means of other symbols. A playful element is sometimes clearly present.

We should like to say something about the delusion of the *destruction of the world* which we have already mentioned. This has in fact been described as the projection of one's own subjective experience of the passing away of the normal world of being together with others. Emotional contacts break away, the patient remains behind alone in a completely deserted world (Kunz). Jaspers doubts the correctness of this explanation, although he admits the egocentric character of virtually all delusions. According to him, this eschatological experience is in essence a really deeply religious experiencing of a symbolic truth concerning human existence which has existed since time immemorial. This is, consequently, in essence not a pathological experience. 'The religious experience remains what it is, whether it now occurs in a saint or a sufferer from schizophrenia or in someone who is both at the same time'.

Orientation in time and place remains intact in schizophrenic patients, except when disturbances occur in consciousness, which is rare. This does not alter the fact that, under the influence of hallucinations and delusions, the patient's surroundings can be perceived incorrectly and that

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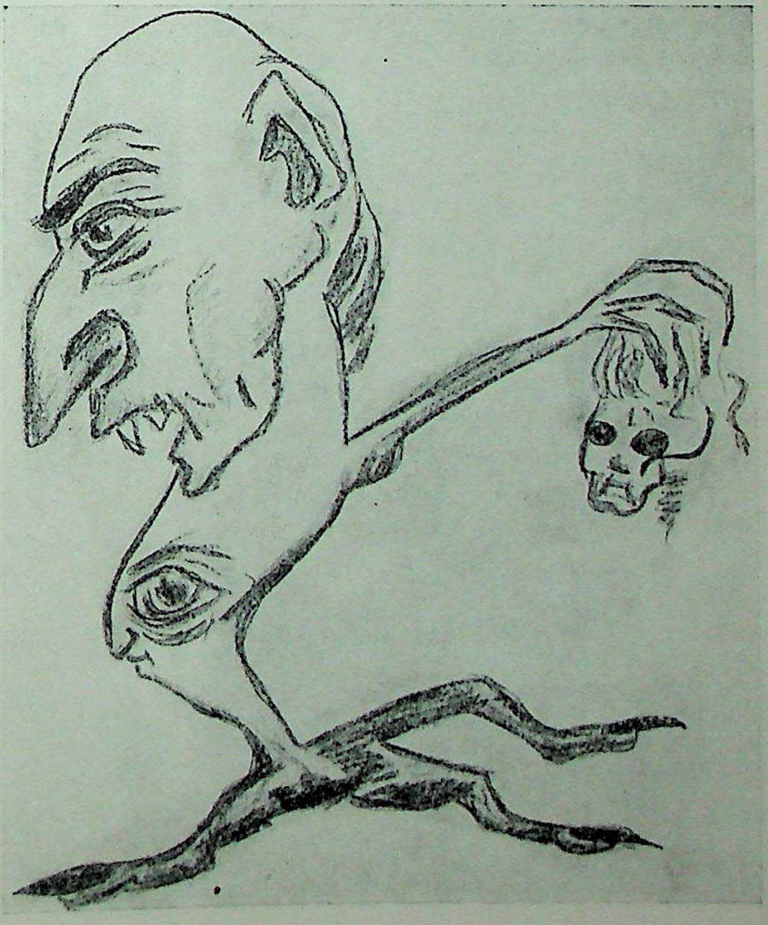
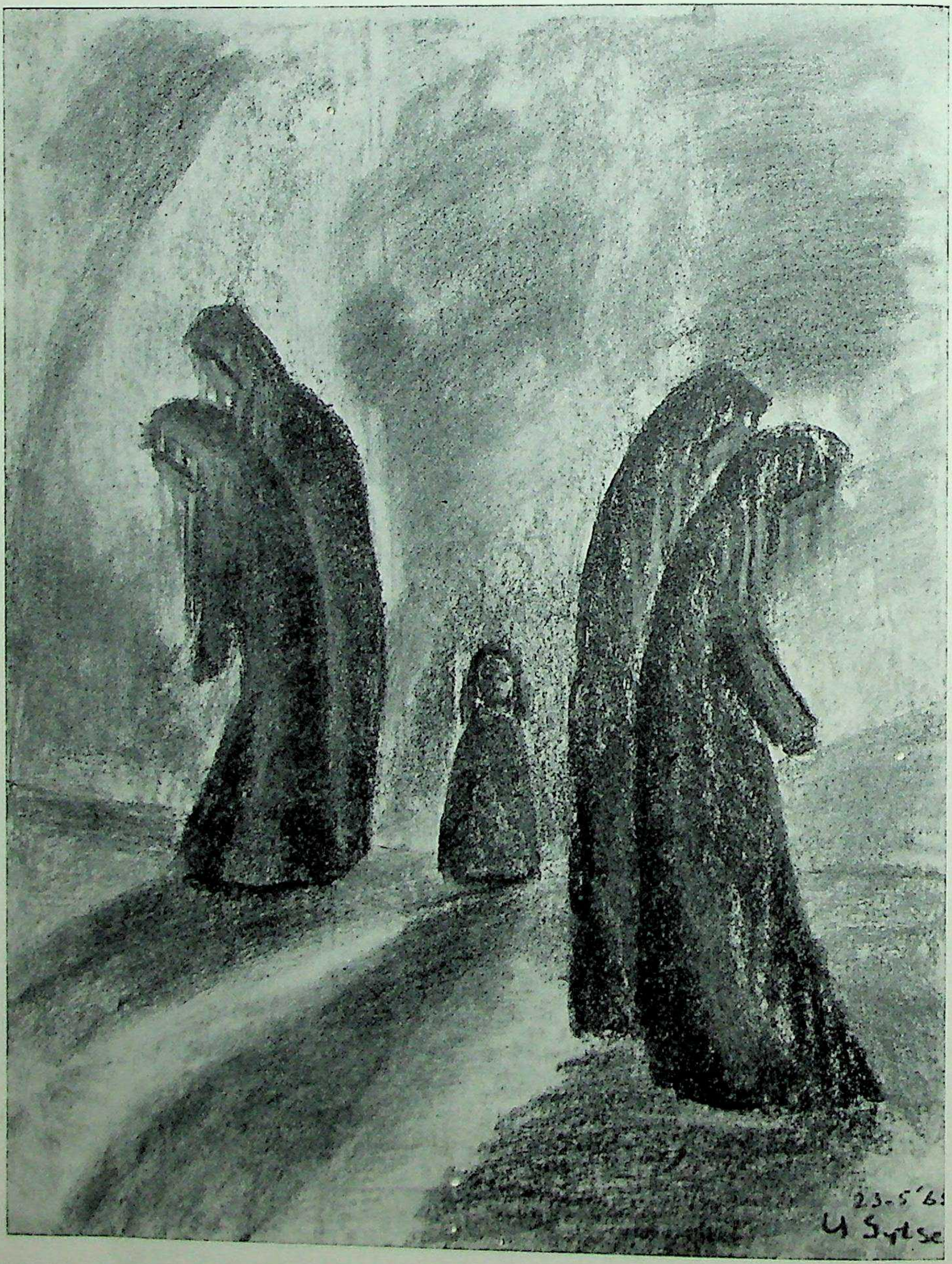
time can be indicated incorrectly. A moment later, however, a patient disoriented in this way will again give a correct answer when asked about time and place. Proper orientation with regard to time nevertheless remains restricted to 'clock time'. If the patient is asked the time, date and the like, he gives a correct answer. 'Subjective time' can be completely altered, this appearing directly from answers to simple questions concerning the estimating of time. This disturbed experiencing of time has been described in particular by the anthropological-psychological school (Minkowski, van den Berg etc.). We cannot, however, consider it further here.

Important as the *disturbances in desire and action* are in practice for sufferers from schizophrenia, they do not require to be discussed in connection with our subject.

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Disorders in the 'Ego'

It is not necessary in connection with our subject to discuss the whole extremely complicated problem of the Ego even briefly. An attempt to define the Ego would lead us along all sorts of philosophical and psychological by-ways. It has been approached from the most divergent sides. Jaspers gives four formal characteristics of the Ego:
(a) the activity consciousness.
(b) the singularity consciousness.
(c) the identity consciousness.
(d) the Ego consciousness in contrast to the other, to that which lies outside the Ego.

Within the framework of these formal characteristics, the Ego passes through a long development, from the simplest, poorest to the richest experience of a fulness which has become aware of itself. In this, the Ego becomes aware of itself as a personality. Originally there is no Ego and man lives in a condition of *aduality*, that is to say there is no separation between the Ego and Non-Ego, between his own personality and the external world. One could say: 'everything is then *Ego*. The Ego slowly develops from this lack of separation, it releases itself and keeps on having a different relationship towards 'the other', i.e. reality, which becomes more and more the opponent of the Ego. This is first experienced as a complex of forces ('*animatistic*' or '*dynamistic*' phase), later as a complex of animated creatures ('*animistic*' phase). The same properties are ascribed to animals and things as to people. Everything is living, has a face, a voice, even what is lifeless. (The table on which the child knocks itself is naughty, etc.). This is the time in which the fairy-tale is reality for the child. Magic lives in this phase. Slowly there develops from this the 'adult' sense of reality. People learn to 'objectivise' things, learn to assume a distance from them, even from their own corporality and personality. Everything which man can objectivise of himself is reckoned as belonging to the '*self*' in contrast to the *Ego* which is the objectivising authority. The 'self' is consequently the total of that part of the personality about which man can think, everything which is moulded in him, consequently his corporality, his sexuality, his temporality, his lack of freedom, his passionate nature, his acquired and inherited characteristics, his character and temperament, his habits etc., in short everything which the person *has*, which belongs to him, for which he can use the word 'mine'. People cannot think about the 'Ego', this being itself the centre which thinks. One cannot say 'my' Ego. The Ego cannot be experienced as the self can. Yet, there is nothing which is not related to the Ego.

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It is here that the philosophical questions into which we do not wish to enter arise. It is sufficient here to refer to certain formal characteristics of the Ego which can be disturbed and which can begin to show serious defects, notably in the schizophrenic patient.

The *activity consciousness* can be disturbed. The normal person has the feeling that he himself is the thinker of his thoughts, the doer of his actions. Jaspers writes: 'The fact that the psychic element, be it perception, awareness of the body, memory, idea, thought, feeling, acquires the special tone of 'my', of the 'Ego', of the 'personal', of ones own action, is called '*personalisation*'. If these psychic elements appear with the consciousness, *not* mine, foreign to me, automatically, from itself, being of other origin, then this phenomenon is called '*depersonalisation*'. There belongs here the feeling of a change in the perceptual world. One's own body is felt differently. There is a subjective inability to represent and remember, complaints about braking effects in emotional life, the consciousness of processes of the will becoming automatic and the like. The patient may complain that everything seems dead to him, that he has changed, or that the world seems different from what it used to be, that reality is no longer the same (*derealisation*). Thus, a patient asked us: 'Do you see that tree, doctor?' When he received a reply in the affirmative, he said: 'And I do not see it!' He meant by this that it was not a tree such as he had previously seen. The 'signe du miroir' is described, particularly in French literature, as being ominous. The patient has to look at himself in the mirror continuously in order to see whether it is he himself to whom all this is happening. He feels himself becoming estranged from himself. The patient can also have the feeling that he can no longer say: 'I think', but 'people' are thinking through me. He no longer recognizes his thoughts as being from himself, they are 'dictated' to him, he experiences them as coming from outside himself. His actions can also strike him as being strange. We have seen that in so-called *autochthonous actions*. What he does, he does not do himself, but another acts through him. He is also not forced to, he stands completely outside matters. One of Berze's patients said: 'I did not shout at all, the *voice nerve* roared out of me'. He called this 'the roaring miracle'. The feeling may also exist that his thoughts are 'withdrawn', he is not master of them. It is quite impossible to feel oneself into this experience rationally. Kronfeld has called this loss of the feeling of activity typical of schizophrenia, although this view is doubted by others.

Disturbances in the *singularity consciousness* have also been described in sufferers from schizophrenia. When the patient says that he is more than one person at one and the same time, this is not metaphorical language which a normal person may use, but is a real experience for him. We speak then of a 'splitting' of the personality. Many consider this as a typical element in schizophrenia, although this too can however be doubted, even if various symptoms in this disease become more intelligible if the existence of this phenomenon is accepted. Nevertheless the doubling is again experienced as such somewhere. The Ego is not doubled! Perhaps we must merely see it in that the personality structure separates into various components, or that certain emotionally-laden complexes begin to carry out a more or less independent existence. Various cases have been described in the literature in which we could think of a doubling of the personality. We then speak of *personifications*, concretisations of various pieces of the patient's personality, projected into the external world. The patient then seems to be this personality at one moment and to be another during the following moment. Sometimes he carries on loud 'dialogues' with alternating voices, seemingly the one component speaking at one moment, then the other. Parts of the patient's own body can also, as it were, be split off and projected into the external world, this mainly being the case if that part of the body is the starting-point for inconvenient feelings (Tausk). This projected part can then assume the image of an apparatus or machine from which an influencing is exterted. Carp wonders whether the whole influencing delusion cannot be explained in this way. The genitals in particular can play a part here.

The phenomenon of *transitivism* also occurs. A part of the personality is 'split off' and attaches itself to someone or something different. A patient who screams can maintain that another person is screaming, or can strike another person and himself begin to complain about the pain he is now feeling. Related to this is the phenomenon of *appersonisation*. The patient experiences subjectively what another person is experiencing, feeling the toothache someone else has. One of our female schizophrenics tossed and turned screaming in her bed when a tree was cut down in the park. She felt the blows of the axe as if they had been made to her own body. Another patient did not want to eat any bread, feeling that if she chewed she would be pulverised by the enormous jaws of an invisible monster.

Disturbances in the *identity consciousness* also occur. Although man changes in the course of his life, he nevertheless always knows that he has been the same personality. The schizophrenic patient can have the feeling of having become a completely different person. It is not always clear whether we must again regard this – as in the case of so many statements by schizophrenics which are difficult to understand – symbolically or as a statement intended literally. It is certain that corporality as a whole can be experienced as having changed completely. The patient can consider himself becoming larger or smaller, changing his sex, etc. etc. In this context, we must refer again to the 'signe du miroir' which, although not completely typical of schizophrenia, is not uncommon in the initial stages of the illness. It has been pointed out on several occasions that the significance of this symptom is a desire on the part of the sufferer to convince himself of his own identity. He wants, as it were, to find himself again in the mirror. It appears however that other meanings are also possible. His own mirror image can appear changed in the patient's eye, can be misformed to a caricature, show odd, sometimes hideous defects. See, for example, the film 'Le monde des schizophrènés', produced by Sandoz. Cases have even been described in which the patient does not see his own image at all in the mirror. These assumed changes are very likely related to a modified 'body scheme', the unity between the optical and other components absorbed into it being disturbed.

The fact that the *Ego-consciousness* (in contrast to the non-Ego) can be changed in schizophrenia has been known for a long time. The boundary between Ego and non-Ego seems to disappear. The objectivising act is deficient. There occurs a regression or return to more primitive stages of development and finally to the already mentioned adualistic stage, in which there is still no separation between Ego and the external world. The sense of reality disappears. We then speak of an 'oceanic feeling', the 'Ego' merges into the 'Universe'. The cases of transitivism and appersonisation mentioned could be classified under this heading. We can then no longer really speak of an external world, everything that is outside is at the same time inside, and vice versa. Cosmic experiences can be related to this, these arousing the impression of an unrestrained megalomania. All the patient's own conflicts are experienced as cosmic forces, as light and darkness, good and evil which are at war. The whole universe is absorbed in this way into the individual existence. Experiences of omnipotence – inherent in the adualistic stage of development – again come to the fore. In a magic way, by means of gestures, attitudes or words, the sufferer from schizophrenia sometimes exerts an influence on cosmic events.

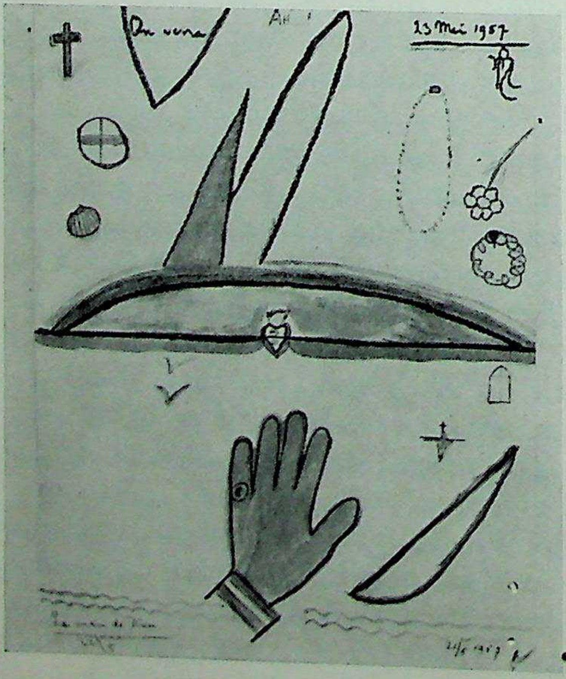
These magic trains of thought have given rise to extensive investigations regarding the similarity between schizophrenic and primitive, prelogical thought, in which magic also plays such an important part. The literature on this subject is very extensive. There are in fact various elements in both manners of thinking which resemble one another greatly. These include the fact that primitive man likewise is not aware of any sharp distinction between what is specific to the Ego and what is foreign to the Ego. Reality which is operating subjectively flows, as it were, unnoticed into that which is operating objectively. The external and internal world cross one another continually. Perceptions, ideas and dreams are not distinguished adequately from a qualitative point of view. An event in the external world can be experienced by primitive man as if it were happening to him. Chance does not exist for him, everything has for him a meaning and significance, often of a supernatural nature. Everything is related to him, has something to say to him. Thus, there is a narrow band of common feelings between Ego and the external world. Everything in the external world has an influence on the Ego and, conversely, the Ego can influence the world and what takes place therein. This participation in everything was described in the case of primitive mentality in a particularly detailed manner by Levy-Brühl, who spoke of the *loi de participation*. Man exists, according to this 'law', not in the first place as an individual, but as the member of a group, part of a community and, over and above this, as a part of everything living. We must bear in mind here that, for the primitive attitude towards the world, everything is really living and animated, including those things we would regard as lifeless. Everything has a character, a face. Even a stone, a brook, a mountain lives. This also applies to parts of man, such as hair, nails, excrementa and the like. Expressed psychologically, primitive man continually projects his own characteristics, ambitions and tendencies on to things in the external world.

Because of this affective connection, equalizations can take place which civilised man can scarcely feel himself into. A man can, apart from being a man, at the same time be an eagle, a kangeroo, a leopard, etc. All sorts of identifications are possible. This form of 'catathymic' thinking must, of necessity, lead to a completely different way of estimating the world from that given by rationally thinking civilized man. For primitive man, his own existence is closely related to what is happening in the world. The microcosmos and macrocosmos are connected. A magic force, a primordial principle regulates the whole universal programme and penetrates all being. One thing can, of course, be more highly 'laden' with this force and therefore be more powerful than another. Primitive man tries to dominate this force and to conjure it up by means of magic and make it subservient to him. All types of rites and magic practices, incantations and the like are an expression of this.

Although much criticism has been levelled at the views of Levy-Brühl and his pupils, and although it is certain that their statements go too far in their generality and require to be substantially restricted, it has however been of great importance that they have referred to the existence of prelogical trains of thought, as a result of which many statements by primitives, which were previously regarded as senseless or completely incomprehensible, have now become clear.

Various of these elements do in fact also occur in the thinking of schizophrenics. In their case too, there is inadequate separation between perception and image, between Ego and the external world. Nevertheles, autistic, schizophrenic thinking cannot be put on a par with the thinking of otherwise completely healthy primitive man. Archaisms do occur within schizophrenic thought, belief in the omnipotence of thoughts, in the compelling character of magic actions and sayings, living in two worlds at the same time and the like. It is nevertheless a morbid process which causes this autistic world to be formed. It is a result of a disintegration. The capacity to regulate and integrate are deficient, and the patient reverts to lower forms of expression of his mental life. Moreover, earlier experiences gained as a still healthy person in a complicated, civilised community with many complicated patterns of behaviour and rational arrangements always leave their traces, even in already seriously disturbed patients. Only when the schizophrenic process has assumed extreme forms, such as, for example, in the final hebephrenic stages, do we notice little of these relics. Even then, however, we cannot say that the sufferer has become a 'genuine' primitive. There has always been a warning from the psychiatric side about equating primitive and schizophrenic thought. Rümke does not even wish to speak of a 'regression'. He wonders, in fact, whether there is a question of a 'return to' and prefers the expression 'an inability of the psychic life to rise to the highest level'. We shall be returning to this view later on. In psycho-analytical circles, it is nevertheless considered that the expression 'regression' may be kept. The essential feature of schizophrenia is there seen in the falling back of the sufferer to very early stages of mental development, in which the separation between Ego and non-Ego has not yet come about.

In this context we should say a little about Jung's views concerning schizophrenia. As is known, he came to the discovery of the '*archetypes*' by studying the experiences of schizophrenics. These *primordial images* live in every person – all over the world – in the lowest layers of the Unconscious, referred to by Jung as the *collective Unconscious*, because it is (in contrast to the 'personal Unconscious' described by Freud) common to all people. In schizophrenia, the entrance to this collective Unconscious is opened, the archetypes often appearing undisguisedly. The patient can express delusions and produce images which agree completely with the contents of ancient myths and fairy-tales, even if he has never consciously heard anything about them. Although this standing open to the collective unconscious undoubtedly occurs in sufferers from schizophrenia, it cannot however be called typical of this disease. It also occurs in other conditions. Rümke has referred on innumerable occasions to this 'lying open' of schizophrenic patients, in which the break through of archetypal life can be experienced as something terrible. At the same time there can be an extreme reticence towards the external world. Viewed psychoanalytically, this opening up of the collective Unconscious should again be considered as a very far-reaching regression.



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Disorders in instinct

A weakening of the instincts has been mentioned for some time as one of the principal – if not the foremost primary – phenomena of schizophrenia. We cannot, however, express ourselves as generally as this. This weakness does not in fact appear to be the same in all cases.

There are many observations and classifications concerning the various instincts. It may be said that biologists give a completely different meaning to the word from psychiatrists. Whereas the former use the expression 'instinctive actions' only for that group of actions which falls within the framework of strictly established patterns of behaviour, psychiatrists are far less careful and repeatedly use such terms as instinct' and 'passion' as if they were synonymous. This gives rise again and again to confusion, and in discussions people can easily talk at cross-purposes, although there is an attempt now and again – within each discipline – to define the word again. We cannot enter here into these differences. In what follows we shall use both the word 'passion' and 'instinct', linking up with customary psychiatric usage, even if this is less exact!

Some investigators avoid speaking of instincts in man and wish to assume at the most one instinct (sucking). Others have worked out elaborate schemes. Thus, McDougall distinguishes 10 main instincts, all being coupled to a 'primary' specific emotion (for example, the instinct to flee from fear, the instinct to fight out of anger and the like), while he also lists a group of instincts which lack such a link to one emotion. He gives as a definition of an instinct: 'an inborn psychophysical disposition, which renders it possible that an organism perceives and devotes attention to certain objects, upon perceiving which it arrives at an emotional state of stimulation of a very specific content, after which it causes a certain manner of action with regard to these objects, at least evoking the impulse to such action'. Thus, a sporting-dog will, through the 'hunting instinct' be in a position to smell a scent, the animal showing a certain emotion upon becoming aware of this scent, causing it to pursue the trail. Freud distinguished only two instincts, namely the instinct to live and the instinct to die, which stand in a dialectic relationship to one another. McDougall admitted that various of the instincts named by him were aspects or differentiations of those mentioned by Freud. He also referred to von Monakow's views.

The latter saw two groups of forces which move the personality as a whole and which maintain its unity. One group works through stimuli which are received and passed on by the sensory organs. In addition, there is a group which works completely internally or autonomically. This passion which is rooted in life was called by von Monakow the *primordial horme*, which first appears from the coming about of a form, but which is also active throughout life. In the first – foetal – stage of individual development, it becomes the breeding ground of the instincts. In so far as this general 'living force' is revealed in the individual, we speak of *individual horme*. Its force is naturally of the greatest importance. It determines the strength of the instinctive strivings. According to this view, instincts are consequently not primary forces, but differentiations of something else. It is therefore difficult to differentiate them completely from one another, since if this is done, we arrive at an abstraction. There is, therefore, little purpose in making lists of separate instincts.

A certain grouping can nevertheless be made. Using a slight variant of von Monakow's system, Carp – whom we shall follow – distinguishes a group of *vital instincts* (including the sexual instinct), of *egoistic or Ego-instincts* (amongst which aggressiveness may be counted), of *social* and *supra-social instincts*.

In our Introduction we have already mentioned the apparent weakness in instincts in the case of schizophrenia. The *vital passionate life* in fact shows deficiences long before the outbreak of the disease in many cases (not all!). Often there is an inability to carry on the struggle for existence. The (future) patient can hardly preserve his position in society, he often tends to flee from it, to withdraw himself. The individual horme is weak, the passion for life is deficient, there is a premature exhaustion, a youthful decay. Sexuality is often notably weak. Rümke speaks of a 'lack of sensuality, fraicheur, tension'. Once the illness has begun, gross sexual deviations can occur, not only in the form of impotence or frigidity, but also in the form of various perversions. The various 'partial impulses' ('Teiltriebe') are no longer collected together in a harmonious union and occur in isolation. Exhibitionism, sadism, masochism, etc. occur in rich profusion. Progressive disintegration leads to deeper and deeper regressions and also to all types of auto-erotic satisfaction. Emotional relationships no longer occur. Finally, in cases of 'autisme pauvre', we scarcely notice any further evidence of sexuality on the part of the patient.

The *egoistic passions* (Ego-passions), which serve for the self-preservation of the individual, seem to be intensified rather than weakened. In many megalomanias we could recognise a striving for power, just as in experiences of omnipotence. The marked egocentricity which characterises patients, their often coarse egotism, the fact that they do not take any account of others and the like need not however be the result of intensification of the Ego-passions. It is rather the result of the decline of the social instinct. Aggressiveness is no rarity in schizophrenic patients and can also be directed against one's own person (self-inflicted mutilations and the like). Activity, such as the normal person pours forth in work and all sorts of activities, always declines in sufferers from schizophrenia.

The *social passionate life* shows the most striking decay. We have already discussed turning away from reality, closing off of oneself from one's surroundings, the morbid withdrawal into oneself, the decline of affective bonds with other persons. This loss of contact with one's fellow-man is certainly one of the most typical phenomena in schizophrenia. This is not the same as a 'fading away of emotional life'. It is a defect in instinct. The sufferer takes up a position outside the community of people, loses his bond. One can no longer reach him, in spite of all efforts in this direction. He no longer communicates. Many patients are certainly aware of the general impoverishment of emotional life at the beginning. Convulsive attempts to bring about a contact, to protect themselves from sliding away into isolation as it were, can quite often be observed ('dennoch wir'). Also later, when the illness has already progressed a long way, we sometimes see strange attempts at contact, although these can – when viewed superficially – give the impression of morbid symptoms. We can in many delusions recognise a compensation, on an unreal plane, for the emotional contact which has been lost.

The *supra-social passionate life* in most cases assumes primitive forms, but cannot directly be regarded as weakened. Striking is the tendency in many schizophrenics to devote themselves to metaphysical and religious problems, in which they can sometimes arrive at the formation of complicated theories. Ecstatic conditions of feeling oneself united with the Creator or with the Universe could for a moment suggest the experiences of the great mystics. We have already referred to the eschatological experiences of the destruction of the world and the coming of a new heaven and earth. It is obvious that all this can assume a primitive character as regards form. Regression in thought, that causes infantile experiences of omnipotence, belief in magic and the like to appear again, makes this inescapable. This does not, however, render the 'genuineness' of the religious experiences impossible. These need not likewise immediately be interpreted as worthless transfer phenomena or as direct consequences of a return to the adualistic phase, by which the religious element of the experiences would immediately be denied.

If we summarise what has been said, then we can note a certain hierarchy of the passions. They do however penetrate one another continually, so that they cannot really be isolated from one another. It is typical of man that the more primitive passions are always inflamed by the higher ones, even to the extent that his whole passionate life differs in principle from that of an animal. Notwithstanding that, it is not possible for man to live only by his 'mental' passions. The vital and egotistic ambitions are always present as well. We may not however conclude from this that the higher ambitions in man are derived from those which are lower. The fact that they resound with them does not mean that they follow from them. Thus, for example, sexuality continues to play a part in virtually all ambitions of man. To regard all further ambitions as disguised or compensated or sublimated sexuality is however incorrect, although it is true that sexuality can conceal itself behind all sorts of interests which are indicated as being 'mental'. Every passion has something specific about it, although it is sometimes difficult to recognise that in the extremely complicated combined action of the passions at work in human activity.

We can, with sufferers from schizophrenia, also nearly always recognise the action of supra-social passions upon close inspection, however bizarrely and distortedly they may be expressed.

Of the remaining disturbances which are regularly found in schizophrenia and which are reflected in the possible pictorial work of patients, we must finally mention those in *integration* and *regulation*. They also occur in other psychotic conditions, but nevertheless have their own particular character. The concept of integration derives from neurology. Sherrington, who introduced it there, understood by it that function which causes various cells and groups of cells to influence one another in such a way that a harmonious unity results. From the separate functions there thus results a totality which maintains itself. Within this totality, there is a hierarchic system of all sorts of functions, each of which is subordinated to a higher one. The concept of integration was subsequently taken over into psychology. All psychic functions together form a harmonious whole. We really only realise what integration is when it begins to disappear as a combining principle and various functions or parts of the personality begin to split off and lead a more or less autonomous existence. Strong emotions, instinctive ambitions can suddenly escape from integration (the desire for power, greed, sexuality and the like) so that man is powerless opposite them. We have already met on several occasions disturbances in the integrative capacity. The name 'schizophrenia' (splitting of the mind) already refers to this, special attention being given to this disturbance at an early stage, although we saw that the distintegration resulting from it is relative only. We can of course view the loss of integration as a negative symptom of Jackson. Because a higher function disappears, more primitive ones appear. Finally, we can perceive in a patient only unco-ordinated passionate action, e.g. in a catatonic delirious state, in which the unity of the personality appears to have disappeared completely and only a virtually chaotic picture remains.

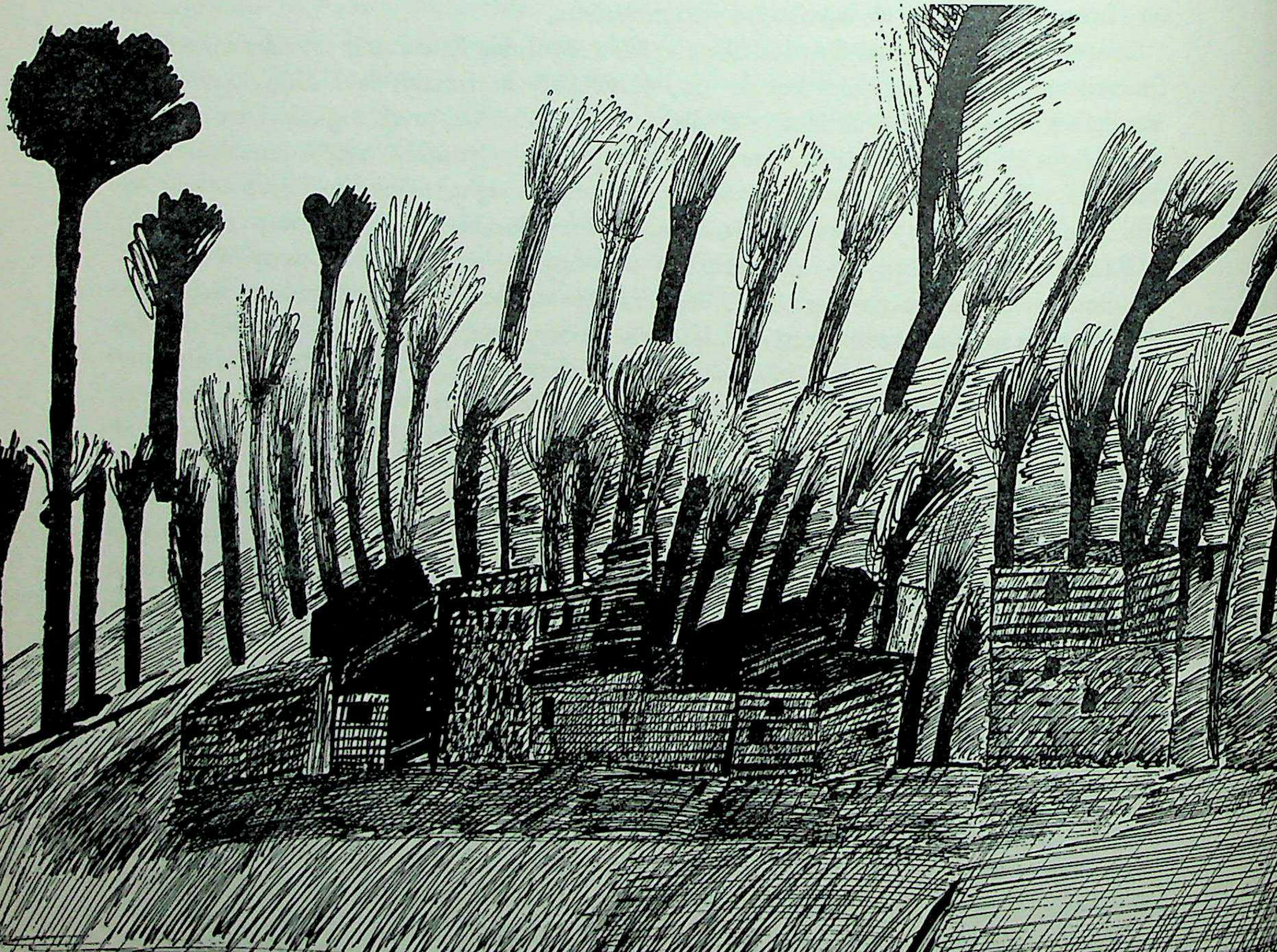
Regulation, as far as the psychic functions are concerned, has been investigated mainly by Maeder. He distinguished three forms, namely the conserving regulation, which preserves functional equilibrium in the natural relationships of life; the restoring or repairing regulation, which restores equilibrium – sometimes by strange paths – if this has been disturbed; and finally a directing regulation, which is aimed at the development and perfection of the personality. While the first two forms are in the service of the maintenance of the personality, and consequently relate to the present, the third form is directed towards the future, towards the expansion and growth of the personality, which it tries to preserve from 'growing crookedly', which would constitute a threat to the adaptation of the individual to himself and particularly to the community. Regulation takes place for the most part 'instinctively' and, to this extent, does not enter into the consciousness. It nevertheless also acts for the most part consciously.

Experiences made in life, perception, the sense of reality, the will and, in particular, the conscience assume a large part in this process. They all contribute towards the formation of a reasonable, adapted behaviour in which the disturbed equilibrium is restored. Just as with integration, it seems that the disappearance of the function of regulation in fact shows its importance most clearly. In sufferers from schizophrenia, a sudden primitive discharge, or bizarre behaviour can occur as a result of disturbed regulation. A complete disappearance of regulation hardly if ever occurs, even in most seriously disturbed patients. It continues to work on a lower level, just as we have seen with integration.

Compensation as a mental function likewise has a regulating function. It provides amends for frustrations or shortcomings. People can, particularly in fantasy, find compensations for unsatisfied ambitions and instinctive tendencies. The individual-psychological views of Adler threw light in particular on the process of compensation (possibly 'over'-compensation) of frustrated efforts towards power. A new equilibrium is sought in order to absorb unbearable feelings of inferiority. Jung gave the concept a wider meaning. He views compensation as a 'self-regulation of the psychic apparatus'. In that sense he considers the activity of the Unconscious as the compensation of the one-sidedness of the conscious attitude of man. The consciousness goes to work selectively. If it arises somewhere, then it will lay on one side the things which are not relevant to it, thus resulting in a restriction. In this way, much is not only not seen and suppressed, but even repressed. As a result of this repression, tensions can arise in the Unconscious, even to the extent that the Conscious and the Unconscious can appear as absolute antitheses.

Jung speaks in this context also of *enantiodromia*, a term borrowed from Heraclitus who intended by it the change in nature of everything into its opposite, such as the young into the old, the living into the dead, etc. Compensation, according to Jung, is sometimes deficient, and it is by no means rare that, after a period of one-sided direction of the Conscious, the unconscious counter-ambition breaks through the suppressing forces, as a result of which we can gain the impression that a personality suddenly undergoes a radical change. As an example, Jung cites the story of the apostle Paul who, after his conversion from impetuous persecutor of the Christians became the great apostle of the heathens. Other examples are identification with Christ of Nietzsche in his psychosis, the change of Swedenborg from scholar to prophet, etc.

In the case of sufferers from schizophrenia, we see deficiencies of compensation in all sorts of phenomena. This does not alter the fact that its action still continues on a primitive level. This often appears very clearly from the content of delusions and hallucinations. In delusions there is a processing of the various psychic conflicts which can even find a solution therein, even if this is purely subjective. A new equilibrium can just as well be found in this way. This is consequently the same situation as in integration and regulation in the case of schizophrenia.



Clinical forms

A few short remarks should now be made about the clinical forms in which schizophrenia appears. We need not enter here into the controversy concerning whether a sub-division into groups is necessary. Classification is certainly open to serious criticism and can have a very limited significance only. It nevertheless has its use as a clinical aid, and the experienced clinician knows what he must think when he hears a patient being described as belonging to a certain sub-group. He can, as a result, make comparisons, level possible criticism more purposefully and also judge certain descriptions better on their merits.

Kraepelin gathered under the name 'dementia praecox' (later called schizophrenia): *hebephrenia*, first described by Hecker, a form of the psychosis which, in most cases, begins at a youthful age (15–25 years), being characterised in particular by emotional and activity disorders; *catatonia*, introduced by Kahlbaum, in most cases proceeding in violent attacks and often having a very colourful set of symptoms; and *dementia paranoides*, in which thought disorders in the form of the occurrence of delusions and hallucinations are particularly striking. Later, a fourth group was added (Diehm), namely *dementia simplex*, which was certainly known to Kraepelin, but which he included amongst the hebephrenias. Firm criteria have often been sought for this classification, but these have never appeared to be maintained strictly. Thus, many hebephrenic patients also show catatonic symptoms, while delusions can also occur. Sometimes the beginning of the psychosis has a typical character but later passes into another form. The final state of the four forms is virtually the same. It is not known why in one case schizophrenia appears under the form of hebephrenia and in another under that of catatonia or why the paranoid character predominates in other cases. Hebephrenia comes closest to what we are accustomed to regard as 'genuine schizophrenia'. Psychic disintegration occurs most rapidly and also extends furthest. The paranoid forms, on the other hand, maintain a virtually undisturbed affectivity for a long period, while activity also often begins to abate at a late stage only. Wyrsch sees in the various forms the reflection of the personality structure of the patient, what his attitude is, the way in which he tries to achieve clarity in the mysterious event affecting him and in which he is emotionally involved.

The final states of schizophrenia have a fairly general characteristic and are far less colourful than the acute initial phases. They show a more or less stationary, calm state, although conditions of agitation of longer or shorter duration occur now and again. The patient appears to

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have adapted himself to his changed personality. Apart from mental emptiness and stagnation, there are few striking symptoms. Up to a certian point, the patient takes part in normal life, but there appears to be no further self-development. His life no longer has any meaning. The possibilities which he initially had are not realised. The 'un-homelike' basic mood which we have described no longer exists, the feeling of changing has disappeared. The patient no longer seems to be aware of this objective stagnation, the inner emptiness and coldness are no longer experienced as being painful, although an irritability and dissatisfaction which are often present perhaps betray something more. There is no longer any 'becoming', only a (limited) 'being'. The schizophrenic process is past and has left behind it a deserted region. It is as if a typhoon had swept over a landscape. The wind has now dropped again, but everything is destroyed, collapsed, flattened to the ground. Various experiences no longer engross the patient so much; at the most hallucinations can still now and again cause surprises, but – as Wyrsch says – he has the idea 'of still finding out the truth'. The basic character of the thought disorder has changed completely, has been shifted from the formal towards the content aspect.

Deteriotation does not by any means always lead to complete 'extinction'. In favourable cases, there appears merely a changed biography of the patient, a 'break' in his life, or an unexpected direction in the development of the Ego.

It is by no means always clear how the transition from the first acute beginning to the chronic phase takes place. An important factor here is the success or otherwise in finding a new plan of the world. During the acute period the patient tries to orient himself in the world which is experienced differently. Overwhelmed by the experiences which are foreign to him and not being in a position to express himself adequately, he seeks new means of expression. Thus, he can take to painting, drawing, modelling etc., to the planning of philosophical, political or religious systems, to the writing of poems, novels or essays. He nevertheless often feels that he can only express himself inadequately and incompletely here, so that he sometimes begins to reach for extavagant means. We have seen how, as a result, he can arrive at a conpletely wayward use of language. In his delusions and possible philosophemata the attempts to lay a new link between the old, familiar and the new, mysterious world in which he finds himself as a result of his illness, between his own subjectivity and the generally prevailing reality. In this phase creativeness is consequently strongly activated and not infrequently exceeds that of a healthy person. The average person, living according to a fixed pattern, complying with an existing form of life, is much less creatively active. Verbeek nevertheless writes in his study of Rimbaud: 'The schizophrenic is a creator from necessity, albeit without a plan'. Many patients with little perseverance, limited intelligence and little creative possibilities soon fail in their attempts. They get silted up. Dementia simplex, the schizophrenias on an oligophrenic base etc. show this most clearly.

If the attempt is successful, then the disturbance in the Ego can be overcome, at least subject-

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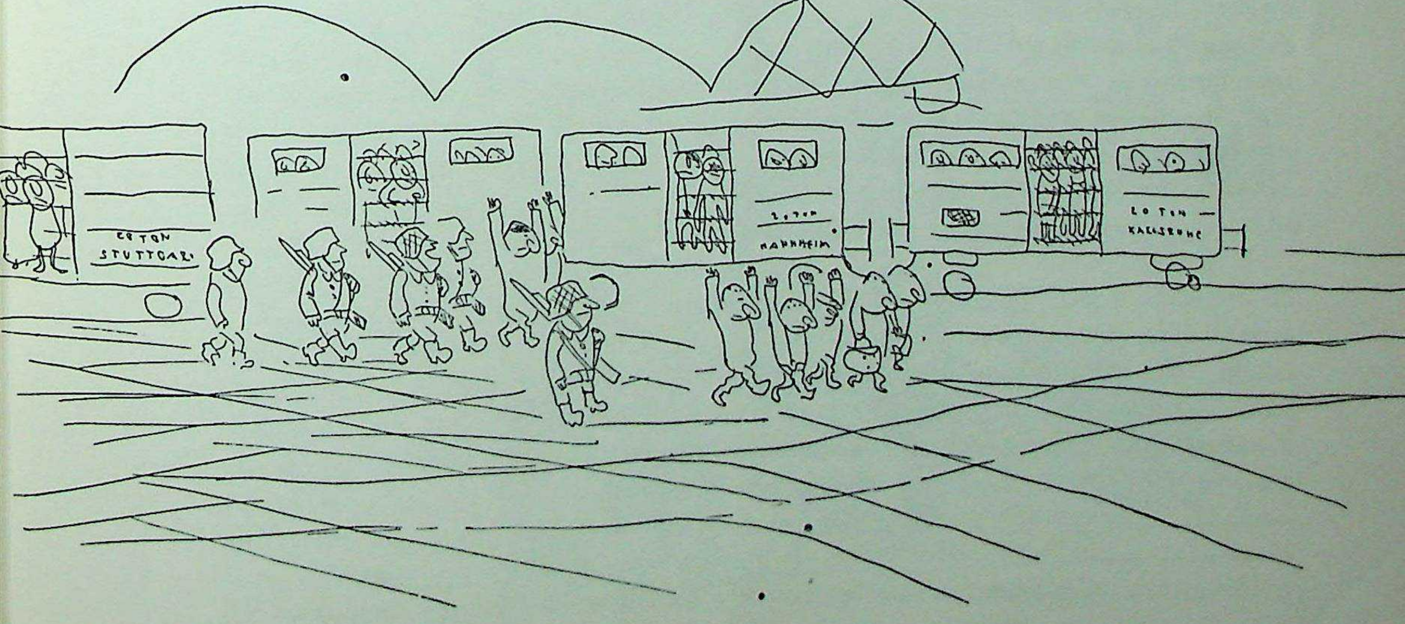
ively. The patient becomes familiar with his new, self-created world and feels himself more familiar with it, more connected with it than the normal person feels himself connected with objective reality. This is principally because he can again feel safe and calm after the old, terrifying mood of mania has disappeared.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The anthropological approach

A completely different method of approach to sufferers from schizophrenia which has become more and more fashionable in the recent decades is that via the path of *phenomenological anthropology*. In 1923 Minkowski published details of a case of schizophrenic depression in which he did not introduce the patient as a collection of symptoms of a disease, but as a person in his totality, whom he tried to understand in his 'existence', his manner of 'being in the world', in his view of the world, space and time. He did not really speak about the illness, but only about the patient. Many investigators after him have given similar descriptions of patients, such as Binswanger, von Gebsattel, Strauss, Storch, Fischer and several others. Of the various anthropological movements (there are many!), that of Binswanger with its 'Daseinsanalyse' has found the greatest acceptance in psychiatry.

The anthropological method places man completely in the centre. Its basic theme is the relationship of man to his world, to his fellow-man and to things. Man is not an isolated being such as the early psychologists represented him, but is completely directed to a world inhabited by fellow-humans. Man and the world form an inseparable unity. We can then place the *meeting*, also referred to as dialogue, participation (Marcel) or presence (Merleau-Ponty) as a 'fait primitif', as the starting-point for anthropology. We have already met the ancient scholastic thesis: 'All being is being in relationship'. In this being-in-the-world man oversteps his own limits, he transcends and, in transcending, he designs a world. He grasps above what is firmly given – facticity – out towards the fulfilment of one of the ways of his being-able-to-be, his 'not yet', which he then realises himself. By acting, man finds a new meaning and in this way he comes to the realisation of himself.

Anthropology wants to approach the changed being-in-the-world in psychiatry and investigate the change which takes place in the patient's mood, his subjective temporality and spatiality, his altered attitude towards his fellow-man and to things, his modified sensual communication with the world and the like, and it attempts to approach more closely the mutual structural link between all these elements. It asks: how are certain psychotic phenomena, such as delusions, hallucinations and the like possible in man, on what mode of being are they based? How does the patient stand in the world, what is the image which he makes of it such that he begins to show such morbid symptoms; what is the plan like which he has made for himself of the world? The analysis of this plan of the world is one of the most important tasks of the anthropological

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method. Yet, while it was possible to show in connexion with mania and melancholia that sufferers from these mental diseases have a uniform plan of the world, this was not possible in the case of schizophrenia. In contrast to the first-mentioned afflictions, which are characterised by a rigid and sharply circumscribed picture, the gaudiness and variety of schizophrenic symptoms are overwhelming. It does, in fact, appear that sufferers from schizophrenia show very divergent plans of the world. This appears particularly from the study of delusions.

In the delusion – particularly at the beginning of the illness – perception is altered in a special way. The patient is touched more intensively by what he perceives, he sees through its nature more clearly than at first, and in this way remains attached to it, fascinated by it, although he can only seldom indicate what it is in the object that fascinates him. Things acquire in this way a strange character, another face. Warmth and cold, light and darkness, loud and soft speak more strongly, attract much more attention than before the outbreak of the illness. This means that many other possible perceptions abate in intensity. The patient is completely preoccupied, he cannot rid himself of what he has first perceived, he remains attached to it. Matussek spoke of 'Wahrnehmungsstarre': 'Looking away involves effort, pleasure in persevering is characteristic'. By this being bound to detail, the whole can no longer be seen and understood. Zutt speaks of a disturbance in the 'physiognomic experience'. The natural relationship between the physionomic appearance and the being which is revealed in it becomes disarranged, the normal arrangement of things into what is close and what is distant, familiar and strange is reduced or is removed, as a result of which uncertainty arises with regard to things perceived. The lack of ambiguity of what is known and familiar disappears, the historical process of becoming familiar with a physionomy which was originally seen through is destroyed. According to Zutt, this is accompanied by a disturbance in the self-revelation of the patient, who then also no longer feels at home in the normal human world and cannot adapt himself.

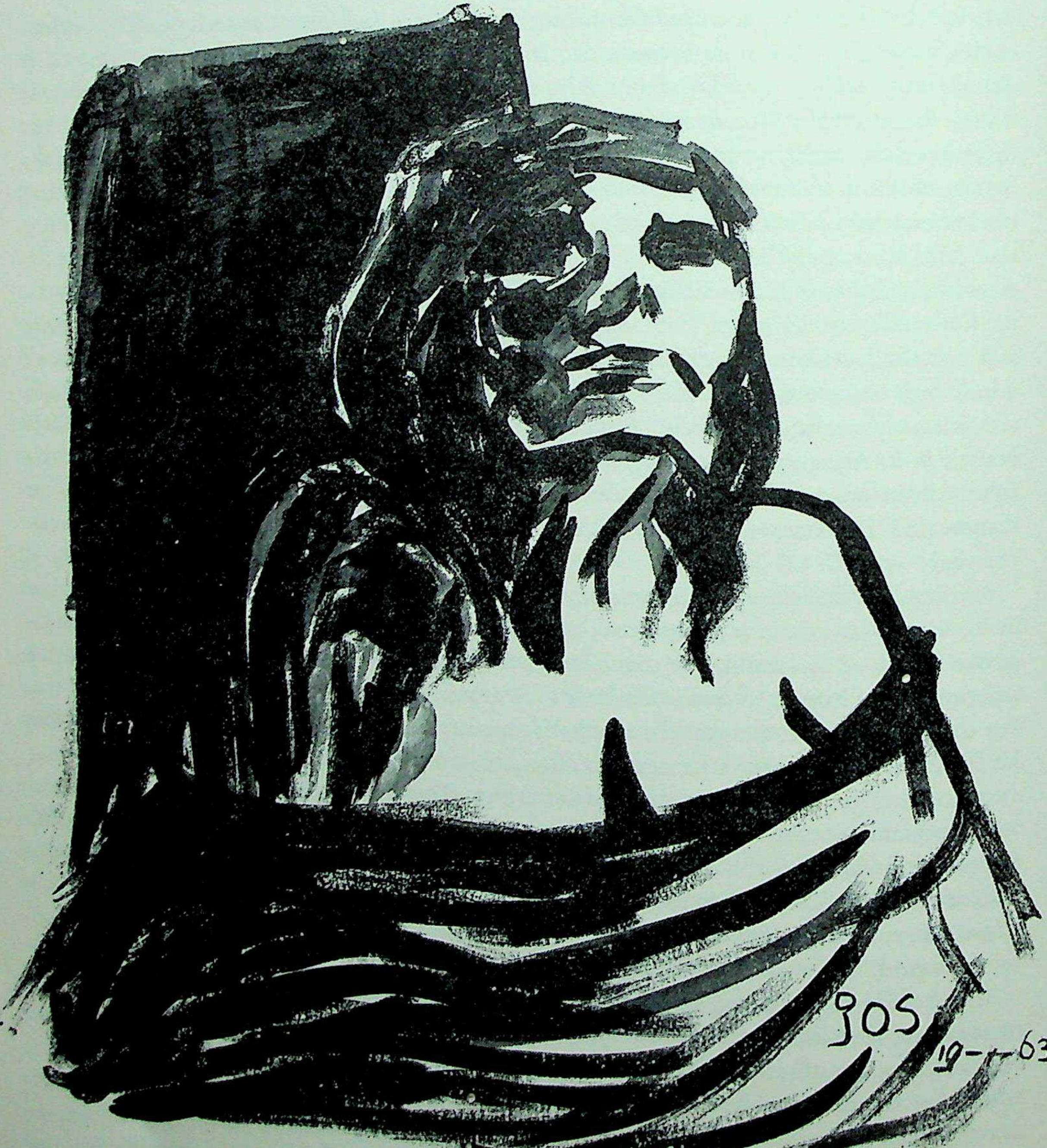
Strauss tried to approach hallucinations anthropologically. Others described all sorts of developments, often on the basis of detailed histories of patients (in most cases more or less differentiated personalities) and of their existential utterances, trying to show how the one state was a direct result of the other. The description of the patient's 'world plan' then always occupied a central position from which everything could be derived. Thus, for example, Binswanger described a world plan based entirely on continuity in the most rigid way, everything which threatened to disturb it evoking violent terror, such as the breaking of a thread as a result of which a button could be lost, the losing of a heel of a shoe and the like. This patient's world was extremely narrow and stifling, the Ego was strongly curtailed, without any tendency towards development. Thus, many world plans are possible.

With this method the danger of arbitrary interpretation, of an all too subjective handling on the part of the investigator is undoubtedly not imaginary. There is no objective control. This does not alter the fact that it has opened up a completely new perspective as far as the approach to the patient is concerned. A better understanding of his possible pictorial expression in particular becomes possible.

It will have become clear that the anthropological approach does not seek at all to replace clinical psychiatry in the narrower sense. It does not set up any explanatory hypotheses, it also does not seek to overthrow any older clinically reliable classifications, any more than it denies the existence of constitutional elements in the human personality which have been determined by heredity. Its adherents would be the last to deny 'facticity' in man. It seeks merely to show more closely the changed being-in-the-world, and to describe how that change may have arisen: as a result of a physical illness, a mentally insoluble conflict or anything else. Man is not only 'in' the world, but also 'at' the world, he is not completely tied in his facticity, but always has possibilities. Every 'already' of human existence includes a 'not yet', each past a future. Existence is the oppositional unity, unity in the contrast of actually-being and being-able-to-be. As such, Heidegger called man 'plan', and this plan is a *self*-plan of which man is the execution. The idea of responsibility is directly bound up with this. Man's action is not a mechanical process, but an 'answer' to being addressed by his situation. He realises himself in it. Anthropology cannot, however, answer many questions, this being clear particularly in its observations of schizophrenia. Why does one person now plan this, the other that world? There are, after all, innumerable possibilities, even within the sphere of schizophrenia!

As a result of the schizophrenic process, the sufferer consequently takes up a different position in the world, his existence changes and, on the basis thereof, he plans a new, completely subjective image of the world. For the normal person, things in the world appear as 'usual', as independent of him, as a result of which they acquire and maintain their realistic character. For the schizophrenic, the world nevertheless appears different, things in it are dependent on his Ego, they are related in a strange way. Ego and object qualities merge. The world is dependent on the Ego, the Ego is dependent on things. This can be experienced as a loss of the world which becomes absorbed in the Ego or as a loss of the Ego, a being lost in the world, as a result of which it is robbed of its thoughts and feelings. According to Schneider, this is the basis of the schizophrenic patient's experience of 'the last things'. He no longer has any limits, the closed nature of his earlier existence is destroyed by this attachment to and being penetrated by the world.

Man is an historical being, he comes from a past, is ahead of himself, and has a future. We must always view him from these two points of view, namely past and present at the same time. His horizon alters steadily, his world unfolds gradually, he realizes himself. In the sufferer from schizophrenia this possibility of change, of growth is restricted. His future possibilities of development are reduced. The sufferer plans a new world for himself, he no longer lives in that which holds for others, his is strictly personal. He certainly still has contacts with the old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world, but his real existence lies outside it. He stands alone, lonely. There is no longer any real being-with for him. This new existence consequently lacks substance, it is fleeting and floating, disordered, full of mysterious and threatening meanings. Storch has referred to the elementary character of expression which is given by all that appears in it. The meanings which previously prevailed are replaced by completely new ones. Being and appearance, person and name, image and representation are experienced as identical, which must give rise to all sorts of thought disorders, and the 'basic mood' previously described in detail arises. The sufferer falls from the familiar world into emptiness, his historical existence is destroyed and his new existence lacks any connection with it. He is snatched from his continuity, the meaning of his existence evaporates. He can only experience all this as something very terrifying, as a horrible threat. Jaspers speaks of a 'Sterbestimmung'. Some patients experience this quite passively, resigning themselves to it without any courage and struggle ('schizophrenic surrender'). Others resist hopelessly and try to find a new fixed point in a delusion which offers them security. Yet behind these often grandiose magic creations of a new Ego,' – writes Verbeek – 'there lurks the abyss of Nothingness. They experience themselves again and again as dead and yet as not being able to die, in a kingdom of the dead and of spirits'. Now and then, there can – at least at the beginning of the illness – be ecstatic conditions and illuminations, but nothing positive results from them. There is no longer any future, the 'historicity' of existence ceases. There is no longer any 'Sein-können', merely 'Sein-müssen'.

We saw that we cannot show one definite world plan for sufferers from schizophrenia, no uniform mode-of-being. It is, however, clear that all schizophrenic world plans have the same origin, namely the schizophrenic process. All contents of that plan revolve around one and the same experience, namely the destruction of existence ('Existenz-Erschütterung'). This is associated with desperate attempts at restoration, the search for a new shelter and certainty, for a new form of self-realization. All these attempts nevertheless come to nothing. Kaas also recognises these attempts in the drawings made by sufferers from schizophrenia at the beginning of their illness, namely scribbles without any aesthetic pretension, which try by means of a graphic representation to bring about a superficial harmony between the pre-psychotic and psychotic image of the world. They are schemes which attempt to unite the old and the new. It is for this reason that drawing is chosen rather than painting in this phase. There is a need for a sharper delineation of things, for a clear outline by means of lines. There is in painting already the tendency to allow the outlines to fade, by causing them to be absorbed in atmosphere and space, and it is therefore avoided as an inadequate means of expression. The preference by the sufferer from schizophrenia who nevertheless begins to paint for an expressionistic technique is undoubtedly partly determined by the 'graphic skeleton' of the figures which occupies a central position therein and which offers more solidity.

Anthropological investigators have repeatedly referred to the *change in spatiality* in many

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sufferers from psychoses. Minkowski was the first to describe this. He speaks of the disturbance in the 'I-Now-Here-experience'. It does not relate to space in the physical sense, such as perceived by the senses, but to 'historical' space, as Strauss called it, Minkowski's 'distance vécue'. Spatiality disintegrates. Storch described all sorts of consequences of this experience in detail. A levelling occurs, everything becomes flatter, relief disappears, shading-in things fades away. Growth also ceases, the world becomes bare and empty, a desert without the green of plants or trees, without limits, endless, as a result of which the possibility for orientation ceases to exist. Things no longer have any fixed place, they are no longer known and familiar, become strange, 'unheimisch'. Everything is affected to its roots, the earth is laid waste or undermined, it threatens to collapse. Things and people threaten to be sucked down into a bottomless pit, into a spinning maelstroom. The earth is no longer firm ground, it is hollow. There is no longer any house, no 'Heimat'. The sun is extinguished. Man no longer belongs anywhere, he is cast out and can no longer communicate with anything and anybody, he is swallowed up by Nothingness.

The spatiality of existence nevertheless knows several dimensions. Before and after have a different meaning. *Before* is the direction of 'whither', it contains a future element. *After* is 'whence' and refers to the past (Strauss). In addition, there is the spatial contrast, namely Above-Below. Apart from the bottomless below, there is also a tendency upwards. Storch has described this experience in detail on the basis of the experiences of a schizophrenic patient.

Opposite the material world, the 'putrefactio' and 'mortificatio' of the temporal and abyss-like, where the endlessness of dying and yet not being able to die predominates, of stagnation and the grave, with as its form of movement repeated return and having to begin again, an endless movement in a circle, there is the world of 'elevation', the tendency upwards, the 'world of light', of illumination. This is experienced as an initiation into a higher life, a flowing in of light. Space and time expand into the infinite. There are no longer any limits, the eternity of a divine existence is experienced. We then have 'floating away' as the form of movement. The material element appears to be completely removed, there is only a pure spiritual being. The future is completed, there can no longer be any question of development. There is still only a 'fantastic totality', passing out above the finite, historical existence. The future is hidden for the normal person in his finiteness. Only slowly, proceeding step by step, does he see his horizon changing in a limited way. The future never reveals itself fully or completely clearly for man. With the sufferer from schizophrenia it can be completely opened up, it is already completed, knowledge is fulfilled, ended, without linking up with past and present. Further development is then no longer possible.

Neither in life in the abyss nor in the world of light is there any development of the personality, no further genesis of man in time. A basic disturbance is at play here. On the one hand, there is the experiencing of complete powerlessness, on the other the fantastic experience of omnipotence, an animal and a divine existence, both of which are inhuman. Storch speaks of a 'being-away' in schizophrenics, which has replaced 'being'.

For the rest, it is not such that the sufferer from schizophrenia first stays exclusively in the one world and then in the other as phases in the development of his illness. Both worlds change continually in a kaleidoscopic manner. They can – and this is completely impossible to feel oneself into – even be experienced at the same time, e.g. ecstasy and being lost. One of our female patients experienced the transition from the one to the other world in lightning tempo. At one moment she was irradiated by a bright, blinding light which split her skull, so that she was fertilised and immediately gave birth to a 'divine child', while the following moment she felt herself to be Christ nailed to the cross and writhed in indescribable pain in her bed. Now she was wandering on the sun, was rambling through the universe, had no limits; then again she was lying with a corpse in bed, had a ball of loathsome worms in her hands which she had to squeeze. In infinite space she met the planet Uranus which irradiated a green light, as a result of which she was fertilised via her navel and once again gave birth to a divine child, this giving her 'a feeling of inexpressible bliss', immediately followed by frightful visions, in which she experienced the creation of the earth, passed through geological periods of millions of years, filled with terrifying experiences of utter loneliness in deserted, completely empty and lifeless surroundings, as a result of which she was threatened with being 'petrified'. She felt herself ecstatically combined with God, then again immediately making vomiting movements to get rid of the hairs of the frightful snake 'Wob' who threatened to suffocate her, etc. etc. A male patient viewed Christ in ecstasy while he bent down to him from the cross, kissed, him and hung a coat on him, at which he smelt the most beautiful of scents, which immediately changed to a stink of loathsome rottenness and the certainty that it was all merely a devilish game to draw him into hell.

In addition to this, the patient nevertheless also has the experience of the normal world and of normal 'clock time', although this 'normal' experience is destroyed again and again by the experiences we have mentioned.

Storch refers in his analysis to the fact that light, as experienced by the patient, is not ordinary light, not natural, not the 'light of love'. It is more shining, more intense than the natural light of the sun, it is the light of absolute knowledge. It is nevertheless a devouring light which scorches human existence, it does not purify. Seemingly a raising of existence, the experience of light is a destruction of living existence in the world of the community. It is therefore – in spite of the exultation it causes – experienced as a torment, the torment of being separated from what is living and natural and human. It brings man into the same state of complete isolation as the fall into the abyss. This fall from the world of light into darkness aggravates all this even more and is considered as the punishment for 'hybris', the desire to be and experiencing of being 'as God', reflecting itself in the remaining in the sphere of light. No material existence is possible in the world of light, because all that is material falls away. In the abyss, all the spiritual is missing, the spirit no longer exists, the world has been destroyed. The normal person is both mentally and materially 'ange et bête'. The sufferer from schizophrenia splits his own personality and is either the one or the other and consequently makes an ordinary human existence impossible. This separation, coupled with such a peculiar mixture of worlds and times gives schizophrenia its own special character.

Storch and other anthropologists consider as the existential disturbance in schizophrenia the refusal to accept human existence in its limited nature. Guardini speaks of a 'Daseinsverweigerung'. The sufferer withdraws from what is 'heimarmene', from the fate which has been allocated to him and goes his own way completely wilfully. In spite of the experience of having seen through 'the last things' to their deepest depths, he does not acquire any insight into the problems of his own life. Raising himself above or falling below normal existence, he loses essential contact with the world and his fellow-man. He no longer communicates. 'Home' disappears, he no longer belongs anywhere, he becomes completely isolated. Binswanger has described this tendency to rise – in complete antipathy to going in a horizontal direction – in detail as 'Verstiegenheit'.

It is clear that these disturbances in spatiality can give rise to the occurrence of delusions, the essential feature of which lies not in the content of the delusion, but in the change of existence. The delusion of the destruction of the world and megalomania become more understandable in this way. If we do for a moment attach real value to the illuminations which the patients receive, to the 'cosmic widening', as Hutter called it, we can scarcely speak of a real deepening of existence, even of short duration. Thus, Storch says about this: 'We know that, with the sufferer from hebephrenia, it is in most cases only a short inflammation, followed by an extinction which is all the longer, and yet it is possible that in such an experience the person, who lives past himself becomes transparent to himself and comes to his senses'.

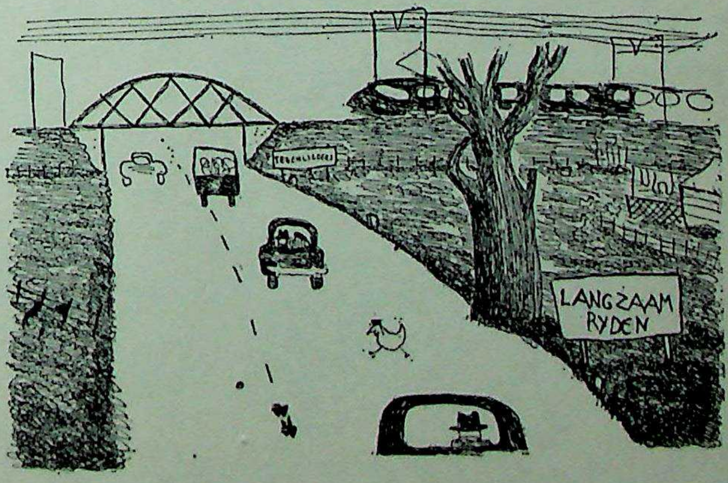
It in fact occasionally does happen, namely if a great artist falls victim to the schizophrenic process, that this experience of the 'last things' takes shape in the initial stage of the illness in a work of art, in which the observer or hearer recognises something of the unbelievable intensity and power which characterised the experience, so overwhelming that the artist was destroyed or consumed by it. We see this in the work of van Gogh, Hölderlin, Rimbaud and others. Jaspers says about this: 'Perhaps we meet the greatest depth of metaphysical experience, the knowledge of the absolute, of thrill and bliss when experiencing the superhuman where the soul is tossed about to such an extent that it remains only as a ruin'.

Anthropologists have also written much about the *disturbance in the experiencing of time* in sufferers from schizophrenia. Fischer's publications in particular which link up with those of Strauss, Minkowski, von Gebsattel, etc. are important. Time is rooted in the vital layers, the basis of mood and passionate life and develops in the region of thought which has need of time

Drawing on page 64 is discussed on page 165 because of its functional completion. Typical in schizophrenia is the experiencing of the standing still of time, the dropping behind of the patient's own time (the 'Ego-time') in the time of the world. The decrease in vitality, the weakening of the instinctive efforts and the standing still of time result in all sorts of disturbances in thought, the experiencing of the loss of the personality, of rigidity and of dying, yet not being able to die, of the atmosphere of death and such 'abnormal' experiences. The exultations in the sphere of absolute, blinding light do not produce any new structure of time. Time stops, is extinguished, there is no longer any future, everything is completed, there is still only the eternally lasting moment. Nor is there time in the abysmal darkness, there is only the endless circular movement, the eternal Sisyphean repetition without end or future. Likewise, both conditions know no past. Fischer mentions in this context three types of disturbance of time: the disintegration or destruction of time; time as an expression and fancy of Ego-disturbances and finally the objectification of time to 'time which has been pushed away', specially in acute and sub-acute cases of schizophrenia.

Since this subject – important and fascinating as it is – is related only indirectly with our study, we cannot consider it further here.

We have discussed only a few world plans in sufferers from schizophrenia. There are many, but we saw that they nevertheless all rotate about the same essential point, namely the destruction of existence. It is impossible to feel ourselves into what this means. In his great study of Arthur Rimbaud, Verbeek finally wrote: 'Such a radical isolation as in schizophrenia does not exist in our being-in-the-world; we cannot understand this shocking, overwhelming experience, by which death is 'lived out' in the midst of life. The event can resonate in us, can throw us back on ourselves in an existential reflection of our being-able-to-be, but nothing more'.



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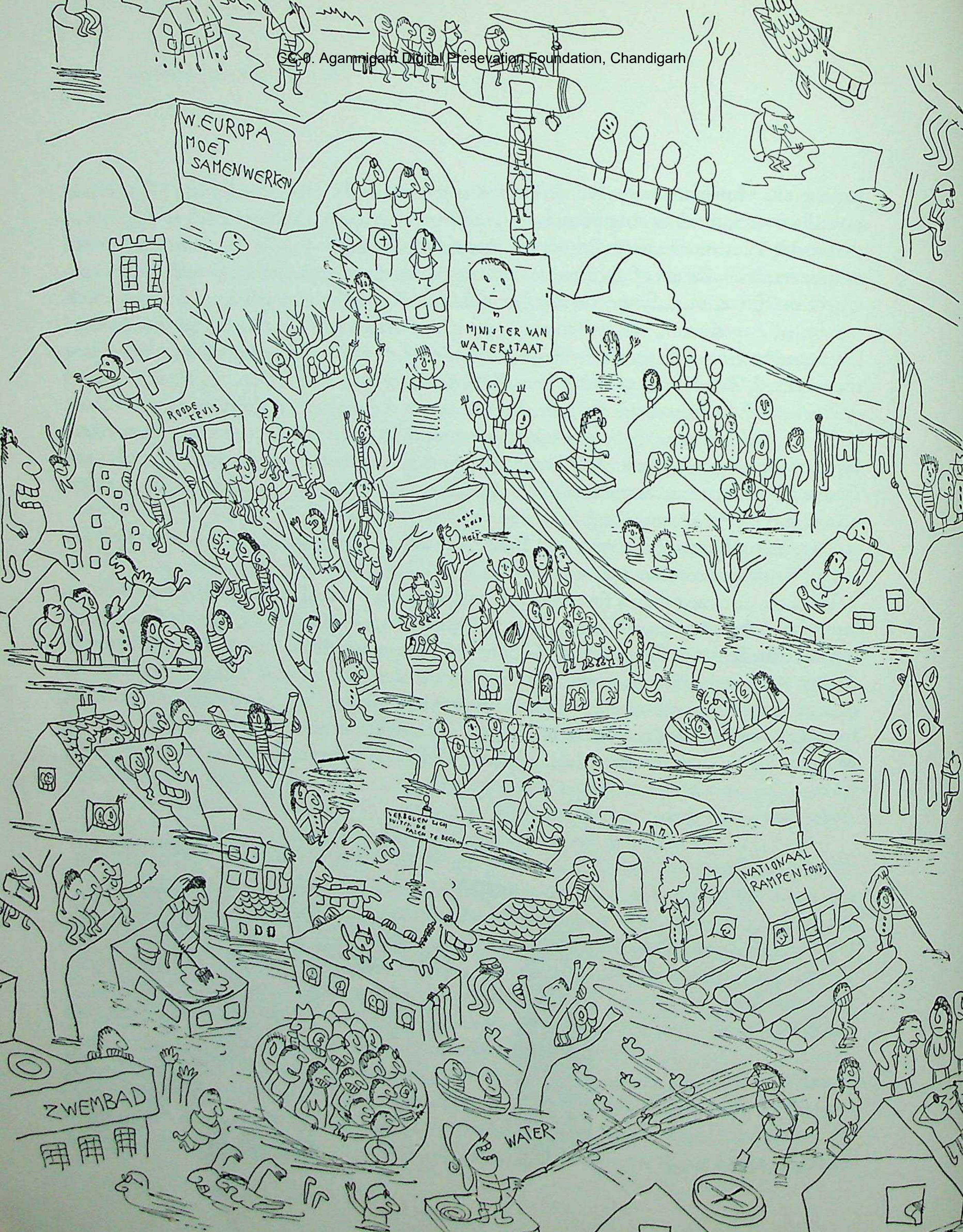
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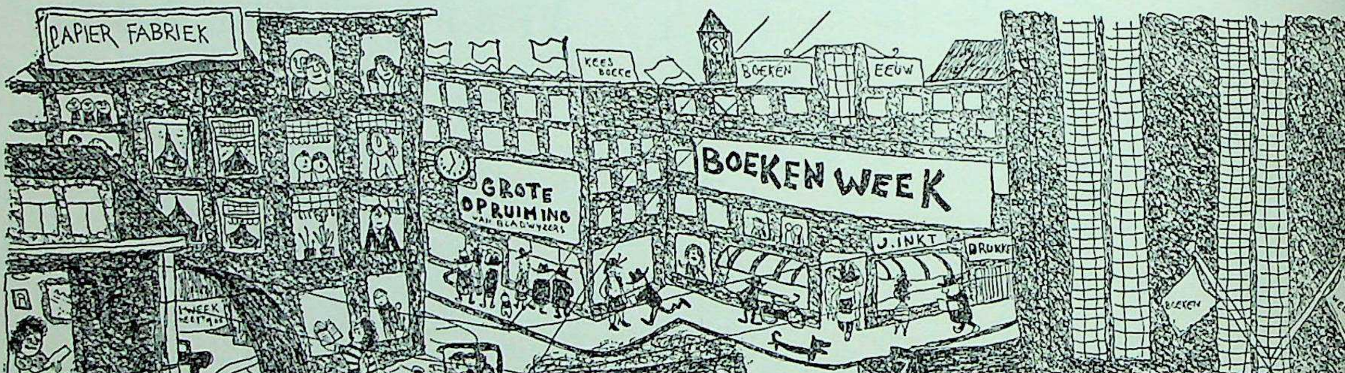
Part two

THE PICTORIAL WORK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DE BETEKENIS VAN LAURENS JANSZ. KOSTER VOOR DEN HEDENDAAGSEMENS
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Form and content

If, after having given a detailed description of the clinical aspects of schizophrenia in its various forms, we now consider a specific form of expression of certain sufferers from this psychosis, namely their drawings, paintings and other artistic productions, it will immediately be clear that we are confronted with a very limited amount of material. Only a small number of patients express themselves in this way, and those who do should, as we have seen, be considered as forming a select group. The conclusions it is considered possible to draw from their work should also be treated with the greatest reserve and should certainly not be regarded as typical of the average schizophrenic patient. This fact is, however, sometimes forgotten.

The diagnosis 'schizophrenia' is not based on the possible existence of artistic production, but on quite different grounds. What we are about to discuss is the work of people who have spent a varying period of time in a mental hospital and in the case of whom we can, with virtual certainty, speak of a process psychosis. This means inevitably a very definite attitude on the part of the observer of their artistic work, in that he can no longer approach it entirely without prejudice. There is, therefore, the danger of interpreting things into it, and it is understandable that sweeping generalisations are frequently made on the basis of a limited amount of material. Likewise, far too few comparisons have been made between work carried out before and after the appearance of the psychosis. Often there is not even an attempt to ascertain whether the patient is or is not trained in drawing and painting, this resulting in many problems being completely falsely stated. Furthermore, many investigators commit the basic error of looking first at the content of a work instead of at its design. Often being insufficiently trained in art, these investigators consequently reach premature conclusions, even to the extent of diagnosing as 'mentally ill' an artist about whom they have too little clinical information. The figure of Goya – to mention but one arbitrary example – has become the victim of this false method of procedure which should be regarded as a grave technical error. Many other similar sources of error could also be mentioned.

Even if the clinical diagnosis is virtually irrefutably established, the danger of premature conclusions is still great. The work of schizophrenics who draw and paint is extremely gaudy and varied, and the search for really pathognomonic features in it is just as difficult as that for 'primary' signs amongst the maze of clinical symptoms. We should therefore proceed cautiously and systematically, beginning with the simplest products in the field of drawing, moving

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progressively to more complicated manifestations, asking ourselves at each stage whether we are concerned with something that must be considered as being really typical of schizophrenia. Certain general remarks should however be made before beginning this critical examination.

The fact that we are using the phrase 'pictorial expression' is no accident. We read again and again about 'psychotic art', 'art psychopathologique', 'schizophrenic art' and the like. During the past few decades many books and articles, and even exhibitions, have appeared under these titles. In many cases, however, the meaning of the word 'art' has thereby been stretched, and its use also suggests to the observer a certain attitude which is not in accordance with the facts. This is not, however, the place to give a decisive definition of art. There are numerous, very divergent definitions, and the literature which attempts to arrive at a correct description has long since become completely unsurveyable. The reason for this confusion cannot be sought here, although it must be mentioned that incorrect ideas in the field of aesthetics play a particularly important part in it. It will nevertheless be necessary to select a certain starting-point for approaching the work of the mentally ill. Since we shall be concerned more with the form than with the content of such work, we have chosen a definition which lays strong emphasis on this formal aspect, namely that by J. P. S. Robertson, which is also used by Reitman. We shall in the course of our discussion also have to use other definitions of the term 'art' when treating specific elements in the work of patients.

Robertson defines art as 'the re-structuring of an actual situation visually perceived by the artist. The re-structuring is carried out by selection, rearrangement and qualitative alteration of form, shading and colour. It is the structuring of perceptual material into a pattern which is satisfying according to recognized, widely held criteria'. This definition has a limited value only and applies, when viewed critically, solely to the plastic arts. Music, dancing, architecture and the like are not covered by it. Since we shall be speaking only about drawings and paintings, this objection is not so important. It is not our intention to establish a general theory of art. Certain terms in the definition should however be explained in greater detail. The term 'visually perceived reality' would be far too narrow, if it were not also to include previously perceived situations and objects, in other words memories and images rising up from our fantasy. The 'Anschauungsbilder', the visual representations which the artist makes of objects he has never seen – a purely subjective reality in other words – should also be included. Thus, in mediaeval art, God was represented as a venerable old man, and angels as winged youths. Dream images may likewise be considered as being covered. The surrealists often portray scenes seen in dreams, even if they have been subjected to a high degree of secondary treatment. Finally, fantasies and day-dreams are also to be considered as 'visually perceived objects'. We can, after all, only indulge in fancies about what was once perceived in reality, although we can naturally modify these perceptions quantitatively, giving them enormous or only very small dimensions, or combining them in a new way, possibly in the form of contaminations or, more frequently, of condensations. The sphinx, mermaid, harpy, faun, centaur, etc. are well-known figures in which the parts are really perceived elements, only the combination of these elements being a creation.

The reconstruction does not, of course, need to be such that the illusion of reality as originally perceived is maintained, although this is possible and many people would desire that it should be. It can also become very remote, even to the extent that the original reality becomes completely unrecognisable, the final product giving the impression of a free and completely arbitrary play of lines, colours, planes and gradations of light. We see that, for example, in Cubism, in so-called 'abstract art' and in many other modern movements in painting and sculpture. The reality which was originally presented is considered in these movements as being quite irrelevant, and stress is laid on form and structure.

These last two elements have always been considered as being important. Since man began to create art, structure has always occupied a significant place as an aesthetic standard and can consequently be regarded as being one of the 'widely held criteria' in Robertson's definition. Yet, time and again there have been in the history of art and in aesthetics periods in which other criteria have played a large part, even to the extent that the structure of a work has threatened to recede into the background as a standard. Even in our 'modern' times, many people, when viewing a work of art, attach great value to the content. They want to understand the painting and to be able to see what it 'represents'. Abstract art is certainly not generally accepted. Picasso therefore exclaimed with annoyance: 'Everybody wants to understand painting. Why don't they try to understand the songs of birds? Why are they content to love the night, a flower, everything around them, without seeking to understand such things? Whilst painting they must understand... Those who try to explain a picture are most of the time on the wrong track'. This attitude is certainly to be regarded as typical of the modern artist.

This desire to understand the content of a work of art is of great practical importance. The average person considers it as a narcissistic offence if he is confronted at an exhibition with a work he cannot fathom intellectually. The fact that many people dislike modern art is undoubtedly a result of this offence. It is then very easy for them to regard the creator of the unintelligible work as 'mad'. Even many art critics have come to this conclusion and try to reject work they do not appreciate as being a pathological product. They refer, for example in expressionistic paintings, to deformations, the unnatural use of colour, destruction or division of the object, playfulness, the occurrence of shapes clearly intended to be symbolic, which were however incomprehensible to the observer, etc. This has given rise to numerous articles in which the art of schizophrenics and others who are mentally ill has been compared with that of modern artists. The expressionists in particular and, above all, those in Germany have been the victims of this approach and criticism. The work of these artists does in fact contain various elements also found in the paintings of schizophrenics. This similarity is not however extensive.

As soon as the works are studied, the differences appear to be much greater than the similarities. We shall be discussing this latter point in detail later. Reference has also often been made to this from the psychiatric side, particularly in the period shortly after World War I. The psychiatric attitude has nevertheless changed since 1945, and much more stress now is laid in that quarter on the differences, at least by those investigators who do not limit themselves to considering the content of modern works of art. One of the most important differences is the *structure* of the work. Although the content is often very bizarre – as in the case of the surrealists – or quite unreal – as in the case of abstract artists – the structure is always maintained by modern artists, while it disappears in the work of the mentally ill as a result of the disintegration of the personality. Painters such as Klee, Kandinsky, Picasso and the like often deliberately make use of their knowledge of the art of primitive races and of children. With a great refinement and knowledge of media, they often produce structures which, when viewed superficially, could for a moment suggest schizophrenic products, but are nevertheless immeasurably superior from the point of view of quality. The schizophrenic who paints does so completely spontaneously, he does not care about 'recognized widely held criteria', he sets to work with complete wilfulness, and his products cannot withstand comparison with those of normal artists, although it is true that a very striking schizophrenic painting can quite by chance occasionally charm us aesthetically. Everyone who knows anything about art sees the difference between the normal and the pathological when he looks at a series of works by one patient, and soon becomes bored on seeing psychotic creations, once the first moment of surprise has past. The arid, stereotyped and fixed elements in the content and particularly in the shapes soon show the mental stagnation. Modern art is infinitely more flexible and also contains a conscious experimental element, although it is undoubtedly true that during the last few decades a growing sterile mannerism can be seen in it.

Reference has been made repeatedly to the fact that the rejection of the old classical standards and rules which dominated art in Europe for many centuries, which began in the previous century and was carried through to its utmost limits in the 20th century, was the result of the increasing protest of artists against the growing materialism of their time, against dehumanisation and the destruction of the community. Modern art is, to this extent, a typical child of its time. One does not in fact need to be a historical materialist to recognise that the social structure of a community, its degree of prosperity and technological advance exert a strong influence on art. The change in the composition of the ruling and influential groups automatically involves a change in artistic style. The aristocratic art of the Renaissance differs greatly from the bourgeois art of the 19th century. In a period in which the Church, popes, princes and kings appear as patrons, art must certainly be different from a period in which the artist appears as an independent creator, is free in his movements and can try to dominate the public's taste. He is then completely independent as an artist, although his financial position can seriously threaten that independence, now that he must himself find customers for his work! In countries in which this independence is possible to a very limited degree only, such as in Russia and formerly in Hitler's Germany, the influence of the authorities on art and style still appears to be strong. Thus, the excessively individualistic Suprematism and Constructivism could, once the revolution was an accomplished fact, not maintain themselves in Russia against the 'socialist realism' dictated from above.

Expressionism was consequently a movement with a conscious programme, although this was never set down in clearly-defined terms. Compensation for all types of emotional deficiencies was sought in a world other than the everday one, in which the artist was in danger of being stifled and which began to alarm him more and more. Worringer says of this art: 'It is the result of a great internal anxiety in man resulting from phenomena in the outside world', the consequence of a 'mental aversion to space'. It no longer trusts reality and clutches at magic means in order to be able to dominate it, or rejects it completely, destroys it and creates a completely new world, entirely out of itself. In other words, there is, after an extravert, a typically introvert attitude to life. This demolition bore a clearly intellectual character in France, although emotionality naturally also continued to play an important part in it. Since Cezanne, an attempt was made there to analyse the nature of shapes penetratingly, namely in Cubism in its various forms. In Germany a strongly affective factor played a much more prominent part than reason. People there wanted to achieve the revelation of the nature of things out of reality and arrived at a form of art which was clearly tinted by metaphysics and religion. Myers points out that there has always been a search for the supernatural in German art since the religious wars of the 16th and 17th century. After Hodler, Munch and Kollwitz, expressionists such as Nolde, Schmidt-Rottluff, Barlach and many others have often used religious motifs as symbols of human suffering. Apocalyptic, visionary and mystic elements are continually found in their works. In spite of resistance to the existing order and the authorities, with their requirements of duty, obedience, order and the like, there always remains in Expressionism a need for self-abandonment. Abandonment to something which projects beyond one's own self, such as nature, that which is ultramundane, infinite, transcendental. Worringer speaks of a 'theomorphisation of the world', of a 'reflection on the divine', of 'a seeking for God', 'the emphasis in Expressionism falls on the vision, not on knowledge, on revelation, not on what is perceived'. He described Expressionism as a really religious movement. The old world is destroyed, a new world is created, in which the nature of things becomes clear. Shapes are different, colours more intense, everything becomes a symbol in that new world. The constructivist Naum Gabo considered his own art as the construction of a new universe which had little if any contact with the world as perceived through the senses, and he said of the images he created: 'These images are the realities itself and there is no reality beyond this reality except when in our creative process we change the images: then we have created new realities'.

Demolition in modern art is consequently not only to be regarded as something negative. On the contrary, a positive ideal which acts as a magnet is clearly present. We are also struck in Expressionism by a naïve belief in a 'new man', in the brotherhood of men, in a life in communion with God, an almost childlike faith in God's righteousness. Again and again we are moved by the great compassion for those who are humiliated and injured, violated and poor, which appears from this art. It is understandable that various expressionist artists became active in politics as a result of their great feelings of emotion at social conditions.

It is reasonable that the expressionists should have reverted in their work to more primitive designs, such as are found in Africa, Oceania, etc., in ancient cultures, such as the Egyptian, Sumerian, Minoan, in ancient Europe (Roman and Byzantine art), when it is remembered that they felt in them genuineness and simplicity and, in particular, the power of the tension lurking in them. They did not wish 'to return to nature', but 'to the origin of things', as Buchheim has expressed it. This reversion to primordial shapes has nevertheless undoubtedly introduced something convulsive and artificial into the works of many of them. It is not granted to everyone to find again that primordial basis and to live from it. Buchheim then remarks ironically: 'There occurs on viewing them (namely the paintings) often rather the impression that trained actors are performing amateur theatricals which can be played convincingly only by true believers who are moved in a magical way'. Furthermore, we eventually come back to the fact that the expressionists were strongly influenced by the discoveries of psycho-analysis, namely the unconscious, the various complexes hidden in it, symbolization and all the rest of it. Everything was assimilated intellectually, sometimes even to the extent that it appeared that they wished to attribute value exclusively to what arises 'directly' from the unconscious. Salvador Dali tells how, shortly before Freud's death, he had a conversation with him about modern painting, during which principally Surrealism was discussed. It was warmly praised by Dali because it is completely in agreement with the findings of psycho-analysis and consequently sums up man much more truly than classical art did. After his fiery discussion, Freud finally made the laconic remark: 'I am always seeking the unconscious in the Classics, but the conscious is missing in Surrealism!' This statement is, in a certain sense, a paradox. The surrealist artist does after all wish to express unconscious contents consciously, secondary elaboration playing an important part. Freud's remark consequently has far more reference to the content than to the design in surrealist works. Ey's study of Surrealism should also be consulted in this context.

It appears immediately from this necessarily very brief discussion of certain characteristics of Expressionism and related movements that it is not permissible to draw a comparison with the work of sufferers from schizophrenia. There are of course certain points of similarity, but these are not really relevant. Apocalyptic visions, attempts to reproduce mystic experiences, a preoccupation with metaphysical and religious problems, the formation of 'philosophemata' and the like are also found in the work of schizophrenics. Yet there is in their work no trace of social consciousness, dreams about the brotherhood of man, compassion with those who suffer, a deliberate following of an ethically conceived programme. Everything remains strictly individual, egocentric, turned away from being with others. Empathy, feeling oneself into one's fellow-man or into nature, on which Expressionism lays such great stress, is a concept unknown to the schizophrenic. We certainly do find amongst modern artists figures that are strongly introversive and who arrive at an art which is so individualistic that it is difficult to understand. The mental attitude reflected in their work can be one of resentment, of despair of the world, but it always contains a clearly conscious element, a working according to an ideal or a programme. They want to give something new to replace what is old and mouldered away. They want in any case to improve the world, although they often do not succeed in this and sometimes do not get further than demolishing because of a lack of intellectual tension and real creativeness.

The schizophrenic also destroys the existing and ordered world in his work. He changes shapes and colours, does not take into account proportions, perspective and the like, leaves out elements, at least if he does not adhere desperately and pedantically to every detail in the example in question. This all nevertheless has a very different origin and shows a completely different aspiration from that of the expressionists and those related to them. These latter were, to a large extent, free in their choice, the sufferer from schizophrenia is not, he cannot work other than the way in which he does. The morbid process forces him inevitably in a given direction. The artist who is mentally healthy – to whatever movement he wishes to belong – shows intellectual expansiveness. The schizophrenic knows no development in the positive sense, he retraces his own steps, is regressive or, if it is desired to avoid this term, reverts of necessity to primitive forms of expression and design, because of the loss of his higher mental powers. The fact that his work can resemble primitive artistic products has a completely different cause from the same resemblance in the work of the expressionists. If we also wish to include in the term 'creativeness' intellectual freedom, namely conscious choice and free reconstruction, then we can hardly, if ever, speak of creativeness in the case of most sufferers from schizophrenia. Picasso was able to state with pride: 'I place things according to my desires', a schizophrenic patient can never say that. Reconstruction takes place in his case according to bizarre laws, being not at all in agreement with 'recognized widely held criteria'. We can, in most cases, not speak of a real structure in his work. It is therefore preferable to avoid the expression 'schizophrenic art'. This does not alter the fact that we often gain the impression that a 'free choice' is also possible in the case of a schizophrenic patient. It often appears that he too can act and speak in a different manner from that in which he does. If, for example, one calls to order a patient suffering from a mannerism and who intersperses his sentences with neologisms and baroque-like expressions, then he also appears to be able to speak normally. He obviously 'chose' his strange behaviour 'freely'. Hermann Simon even came to the somewhat extreme conclusion that 'no single disturbance of the mind, however serious it might be, is an excuse for asocial behaviour'.

The schizophrenic who draws only seldom pretends to create art. His work is merely an expression of emotions and experiences which he cannot express adequately in words, often because they are experiences which he did not know at all prior to his illness. When viewing his work, we must consequently always analyse its content, something which does not form part of aesthetics. In very many cases, this analysis moreover comes to a dead end or remains inadequate. We shall return to this point on various occasions. Finally, it must always be borne in mind that the images reproduced represent reality in the patient's magic world of thoughts. Once the psychosis has developed, he does not distinguish between ego and Non-ego, in other words between objective reality and subjective fantasy. Desire and its fulfilment merge. Carried along by his catathymic thinking, the desire for something is, in the case of the sufferer from schizophrenia, immediately a real satisfaction of this desire. The difference between abstract and concrete disappears. All this makes it difficult to separate form and content in the work of patients. Although we shall always try here to place the formal element centrally, we shall not be able to dispense with short considerations of the content of the various works.

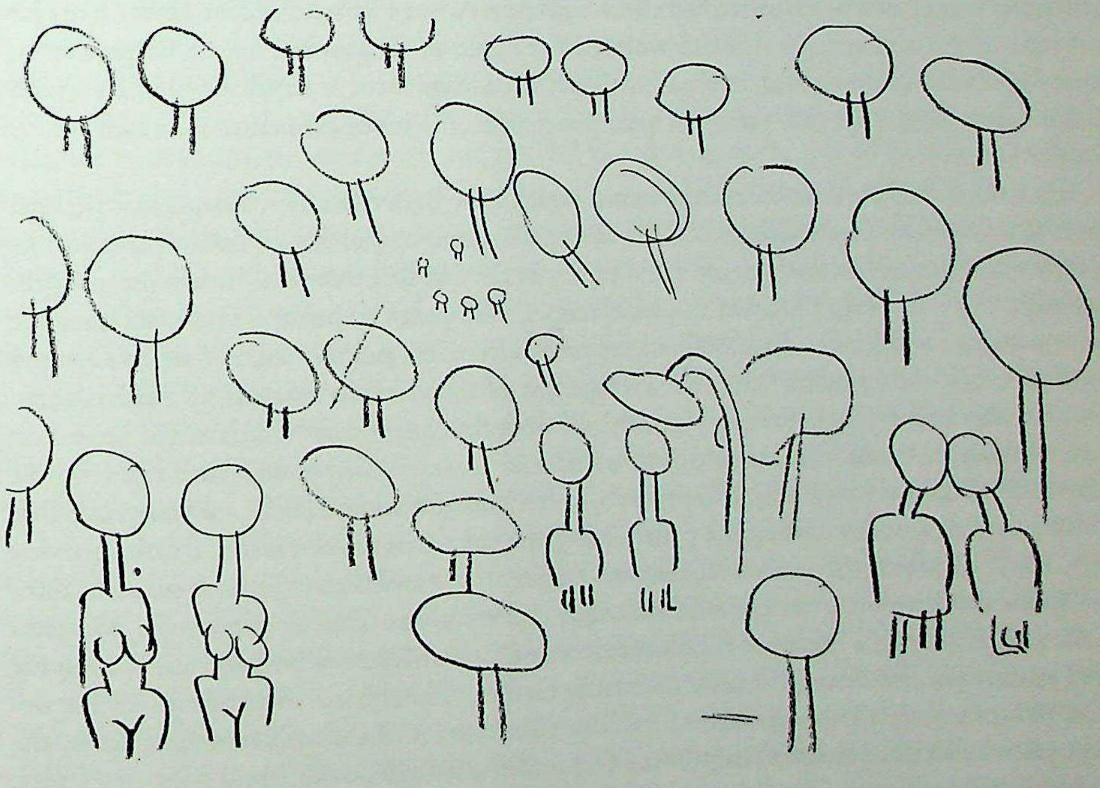
Only those who wish to continue to pay homage to the romantic view that art is 'objectivised emotion' (Berlage) and who consequently one-sidedly stress the affective element in art, would be able to defend schizophrenic pictorial utterances as art. We saw how psycho-analysis took this point of view, but has, as a result, been unable to produce any contribution of real importance towards a genuine understanding of this phenomenon. Nobody will ever be able to distinguish good and bad art from one another where, after all, the same emotion could give rise to both. Only through this can one say something more about human motives – for the most part unconscious – which contribute towards the production of a work of art, that is to say emotional tensions between the conscious and the unconscious and the like. We shall return to this point when discussing Susan Langer's 'theory of symbols'. Reference should merely be made here to the confusions to which the word 'emotion' can give rise in this context. Certain of those engaged in aesthetics speak about art as being the expression of the artist's emotions in which his work finds its origin. Others nevertheless use the word 'emotion' to indicate the impression which the work makes on the observer. Both are undoubtedly related, but not nearly as directly as is often maintained. The supposition that a work of art evokes an emotion on the part of the observer equal to that which moved the artist when he created the work does not always appear to be correct. Dufrenne, in his great work *Phénoménologie de l'expérience esthétique*, considers these differences in detail. If this applies to works of art by normal artists, we have already seen on many occasions that it is even more important when viewing schizophrenic products. The observer can often not feel himself into them at all, and if he considers he can, there is always the chance that he is quite wide of the mark. The patient is often expressing something quite different from what one might conclude from his work. Sometimes he is perhaps not expressing anything!

The ability or otherwise of the observer to feel himself into the work, from which a certain identification with the artist may or may not result, has been described in detail from the psycho-analytical side and has been related to the social function of art in general. Although the artist's personality is at the moment much more centrally placed in his work than in former times, when the classical tradition still prevailed, a work of art is never a completely narcissistic product, at least not if it comes from a mentally healthy person. Desires, ambitions and tendencies are certainly projected into it, also from outside the creator's consciousness, so that infantile, suppressed ambitions are also realised. This takes place in a very definite way, such that an 'aesthetic illusion' is created by the artist. The real *ars poetica* consists in that possible defence or even aversion or indifference on the part of the observer are overriden on being confronted with these products with their connections with the unconscious. For this, an identification of the observer with the artist must however be possible, via recognition of and identification with the product, on the basis of equality of the projections reproduced. The observer must recognise something of himself in the work, something in him must echo with it. If this does not happen, identification is for one reason or another missing, and the work is not appreciated. One then speaks with E. Bullough of 'over-distance'. The observer does not come into real contact with the work of art, no 'aesthetic illusion' takes place. The work of art threatens in this way to loose its social function. At the most, it arouses interest or merely intellectual appreciation because of the skill it shows.

This becomes even clearer if we accept the following considerations. The fulfilments of forbidden or censored desires and tendencies from the unconscious, possibly from the infantile sphere, for example if they are connected with the Oedipus complex, necessarily cause a feeling of guilt in the artist. If he nevertheless succeeds in representing these tendencies and desires in such a way that their general human character is maintained, even in such a way that each observer has to admit to cherishing the same forbidden desires, then this will lighten the feeling of guilt. The crime of having, as an individual, wanted something forbidden is, as it were, atoned for by the fact that the forbidden tendency is generally present. In any case, a large part of the tension is removed from the feeling of guilt through 'generalisation' as a justification mechanism ('everybody does'). This generalisation is, however, possible only if the artist succeeds in evoking and causing to resound in others the forbidden tendency. He does in most cases not succeed in this if he presents it all too clearly and too slightly disguised. Culture and education have been working in such a way during the centuries that they are repressed to the unconscious in the case of practically every member of that culture. Too sudden or too coarse a confrontation therewith can only evoke fear, horror and indignation. It is consequently necessary that the forbidden or repressed element should be revealed in a careful and moderate way. The dislike by a great part of the public of modern art must indeed be sought in the fact that this unmasking takes place too directly, too openly, too 'daringly' in many works.

While a work of art consequently has a social function to fulfil here, namely causing tensions to abate, it can fail in this task. The result of this is to be ostracized by the public. Frois-Wittman, himself a surrealist, sharply attacks the public in this matter. According to him, the artist is always right if he is revealing things. The public must, in his opinion, learn to understand and assimilate these direct utterances. This is, after all, a demand which cannot be realized. It is just as unrealizable as the expectation that from the first hour of analysis the person being psychoanalysed will set aside all his repressions and keep completely to the basic principle. The apparently childlike carelessness of many painters, the marked accentuation which certain parts of the human body, such as buttocks, hips, breasts, etc., acquire in their works, the deliberate deformations, the return to often dirty 'anal' colours which give the impression of just having been smeared on arbitrarily, all these things provoke many an observer unpleasantly. He recognises all too clearly therein all sorts of tendencies which he has himself often, but with difficulty, succeeded in mastering and repressing, and a regression to more infantile stages of psychosexual development. He will not then arrive at an identification with the artist, rejecting him as a dangerous seducer, the latter consequently remaining as a lonely figure. The artist can then assume a haughty attitude, act as if he is not worried by this rejection, laugh about the 'foolish' public that does not understand him (it has in reality understood him only too well!), withdraw in conceited silence. He is in fact in a very dangerous position. Paul Klee complained 'We are not carried by any people', and in his diary (1915) he wrote 'The heart that beat for this world has almost stopped inside me. It is as if the only thing that still links me to the world is merely memory.' The artist needs the public, however strong a subjectivist and powerful personality he may be. He must command the attention of his fellow-beings, to be silent is for him indeed fatal. He will of course most willingly reap appreciative criticism, which releases him from his feeling of guilt. Yet even destructive criticism, which can then be regarded as penance, in other words also as a liberation, is better than no criticism at all. Response is the breath of life to the artist, although he may imagine himself as floating 'high above people and their small existence' and above any criticism. We cannot, after all, abstract ourselves completely from our ideal-ego. We cannot however consider the psychology of art criticism in greater detail here.

Here again we are confronted by the impossibility of identifying schizophrenic utterances with mentally healthy 'modern art'. The sufferer from schizophrenia is in fact a solitary person outside the human community. He feels no responsibility towards his fellow-beings and does not concern himself with what people think of his productions. He stands above, or better, beside any criticism. His work lacks the social element described, it thereby lacks the cathartic effect for the observer. Identification with it is only seldom possible, there is 'over-distance'. Without being hindered by an ideal-ego in the way that a mentally sound person is, he often expresses himself directly, the unconscious appearing again and again openly. Coarsely aggressive or sexually obscene representation can occur informally in his work. One can of course not say that the function of his conscience is completely out of action. We have already spoken of this. In many cases we gain the impression that it is functioning in quite a different way from that in a properly integrated person, so that the impression of 'lack of conscience' can be aroused. That impression is certainly sometimes given by schizophrenic drawings and paintings. Identification of the observer with the creator is consequently impossible. This is clearly one of the reasons for feeling confronted by something 'gruesome', incomprehensible, repulsive, bizarre, which many people experience when viewing schizophrenic pictorial utterances.



Finally we must mention as a typical difference between the normal artist and the schizophrenic patient who draws or paints the attitude which both have towards their own products. It is striking how little the schizophrenic is concerned about them. Most patients who take part

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in 'cultural therapy' in a psychiatric hospital and draw or paint in the studio appear to be indifferent to their own work. At least they hardly ever ask to be allowed to keep it or to give it to the members of their family. They do not ask what is done with it, what happens to it when it is collected, although they have once said that they have reproduced or put 'something very important' in it. Exceptions do occur, but they are rare. This is an attitude which differs in principle from that of the normal artist who feels a sense of responsibility towards his work. We are thinking here of the view expressed by Heidegger in *Der Ursprung des Kunstwerkes* about the 'preservation' of a work of art, which he considers essential in art. Zeldenrust has likewise referred to this and stressed that the work of the mentally ill does not ask to be preserved, bearing in mind its timeless, archetypal character, in contrast to the 'normal' work of art which is connected with a specific period in time and reflects the historical period in which it was carried out.

It is strange that the character of the works which have been done by schizophrenic patients in recent years has clearly changed. The modern treatment of patients no doubt plays an important part in this. Volmat sees the cause of this in the fact that patients – if they drew – previously did so with very restricted means, namely a hard pencil or pen and ink, while they are now provided with chalk, charcoal, gouache paint, oil colours and the like, and are encouraged in their work. As a result of this, the average size of the works is also said to have become considerably larger than in former years. By allowing the patient more freedom and providing him with more media, the use of colour is also said to have changed and with it the whole character of the paintings, which are said to be less taut and static. Finally, he points out that this method of accommodating the patient has given rise to the development of various styles, as a result of which the individual element threatens to recede into the background. Interpretation also becomes even more difficult than it already was. Thus he speaks of a 'Manteno State Hospital style', a 'Veterans Administration', an 'Allan Memorial Institute' and a 'Hospital de Juquéri style'. He does not discuss the matter further, although it is definitely a very important phenomenon. The occurrence of styles in the character of the paintings must not in the first place be ascribed to the changed use of materials, although this certainly does play a part. Rather must we think of the influence of the leaders of the groups of patients who start to paint in the institutions referred to. If painting is intended as a form of therapy, as a 're-direction' of the autistic patient towards reality, then this does not matter. Nevertheless, the estimation of the work as a factor in diagnosis or, in the wider sense, as the expression of the sufferer from a psychosis is certainly rendered much more difficult and even of doubtful value if the leader of the group impresses his stamp on the work. The good teacher is not primarily the man who imparts to his pupil a method or who provides him with knowledge, but the man who causes him to discover it for himself, who succeeds in bringing to the surface the personal element in the pupil, without making him an imitator. We see only too often in the teaching of art that the pupil becomes the imitator of the teacher and consequently learns a 'manner' of working. Teachers such as William Schrofer or Kees Andrea in the Netherlands are rare. If we look at the work of their pupils, we see that it differs individually in such a way that one can never guess from it who their teacher was. They merely arouse enthusiasm and try to allow the personal element in their pupils to develop to the full.

Yet even if the influence of the leader of the painting or drawing group can be excluded, we are struck by a change in the nature of the expressive work of schizophrenic patients in mental hospitals, at least if they are allowed to work freely. The congested decorative sheets which did not leave one square centimetre blank have become rare. The same applies to the bizarre, often very complicated drawings full of incomprehensible representations, combinations of figures, strange inscriptions and the like. The stereotyped repetition of one theme without variations, the perseverations, reiterations, etc. are still found only in the case of old schizophrenic patients who have already spent some decades in a hospital. The disordered nature of the whole and the lack of structure certainly remain. Fragmentation is in many cases clearly demonstrable. These changes run parallel to the changes in the clinical picture of schizophrenia. Thus we have already seen that the old 'classical' forms of catatonia, which are described in detail in the older literature, scarcely occur any more, at least in their chronic forms.

While the introduction of 'active therapy' after World War I brought about a radical change in the character of psychiatric institutions, this has become even more noticeable since recent developments in psychopharmacology, particularly the use of Largactil (chlorpromazine). It often happens that a visitor to a psychiatric hospital will ask, after being shown round, whether he may also have a look at the section for 'disturbed' patients, only to be told to his surprise that he has already been there. Not much of that nature still remains, it being found chiefly in the case of acute cases that have just been admitted. They too can rapidly become calm under the influence of modern medicamentous therapy. The formerly so typical noise which used to fill a disturbed female patients' ward like a cloud has ceased completely. Virtually every patient, who is physically capable of it, has his work and tasks for which he is responsible. Aggressive outbursts seldom occur. The impulsive nature of expression in painting and drawing has also for the most part disappeared. The disintegration of its creators is noticed only upon careful and critical observation.

Volmat refers to the more and more frequent occurrence of white, 'empty' sections in schizophrenic drawings and considers that these reflect the patient's 'emptiness' ('Verblödung'). Disintegration is said now to appear more from the placing of large areas next to or above one another, often with strongly contrasting colours, and from the isolation of objects with regard to one another. Volmat considers this to be an impoverishment as regards style, although the number of objects in the work increases, being projections of the individual conflicts, problems and complexes of the patient. These individual features nevertheless begin to disappear in the long run. They are slowly replaced by more generally human, more primitive or, if one likes, archetypal images. A very individual style can however be preserved for a long time.

Although we shall only later be considering in detail the question as to whether there are in fact typically schizophrenic features in the drawings and paintings of patients, when it will appear that no elements occur which can be considered as absolutely pathognomonic, it will already have become evident that, upon careful observation and analysis, the expressive work shows various characteristics which do not occur in the artistic productions of normal personalities. Although it is not possible to make a diagnosis of 'mentally ill' or 'healthy' on the basis of one work, one is struck by the predominance of these characteristics and is forced to a conclusion concerning the mental state of the creator if one looks at a large number of works by the same patient. It will often be difficult to confirm this conclusion by objective proof or to put into words reasons for deciding that it is a case of schizophrenia. This may all be compared with the making of the clinical diagnosis in regular contact with the patient. For the experienced clinician the 'praecox feeling' which strikes him will in many cases be the thing to turn the scales, the feeling of being confronted by something that is strange and cannot be felt into. Although one understands in detail what a patient wanted to reproduce in his drawing or painting, this finding of 'understandable relationships' is something quite different from 'feeling into', a point which cannot be repeated enough. If this latter is missing in a work, then it is an important indication from which we can conclude the existence of a morbid process which has affected the personality and changed it in a negative sense. For the rest, Rümke points out correctly that a certain feeling into these relationships is necessary for finding incomprehensible relationships.

In what way can we approach the work of sufferers from schizophrenia, extract general characteristics from the chaotic variety of expressive products, bring a certain order thereto? No systematic arrangement is possible on the basis of contents recognizable in the work. We have discussed the inadequate nature of such an approach in detail. A classification will in the first place have to be made on the basis of formal features, formal deviations and the like. Here too the rule applies that the problem of schizophrenia is, in the first place, not one of content, but of form.

Pl. 1 is discussed on page 133

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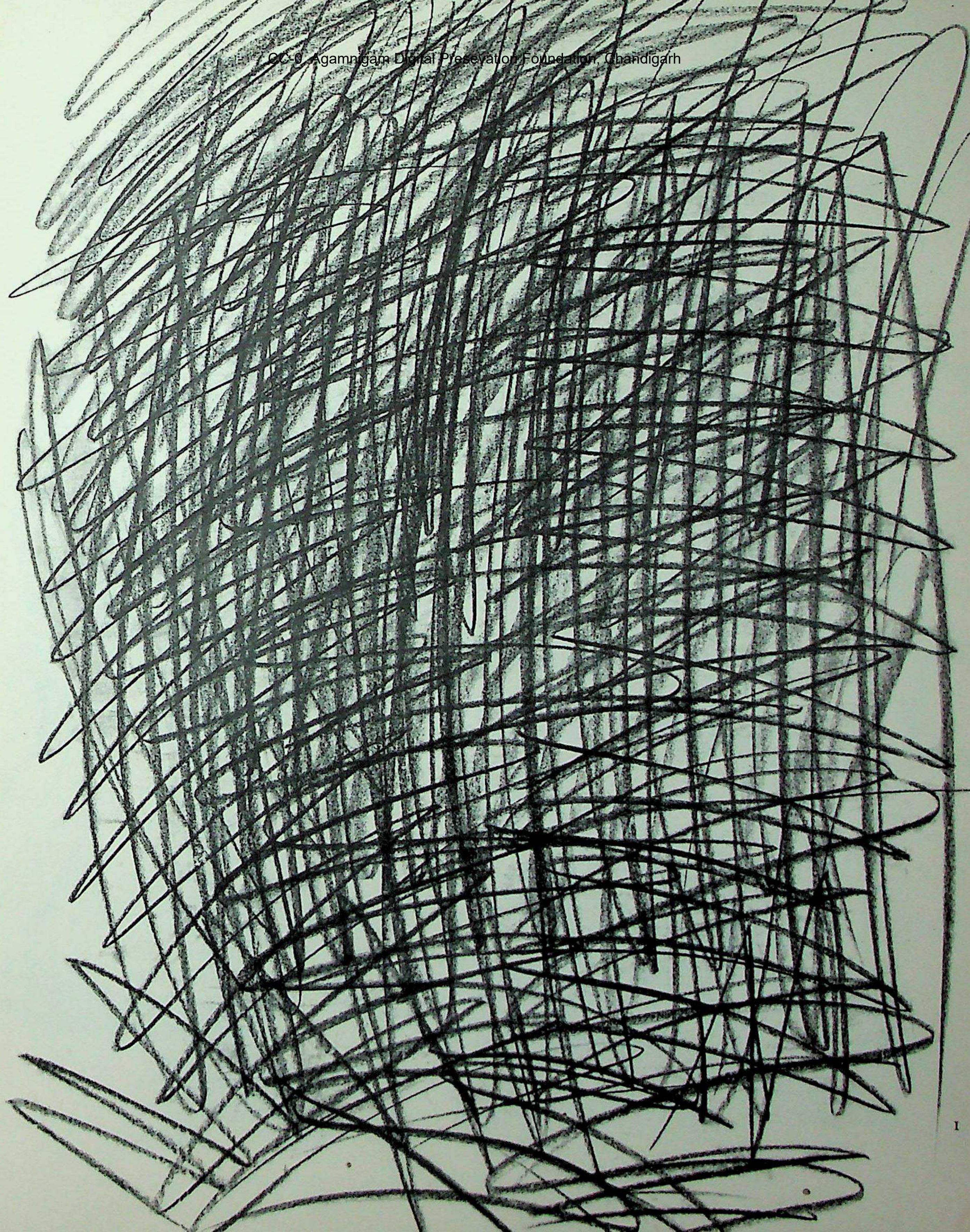

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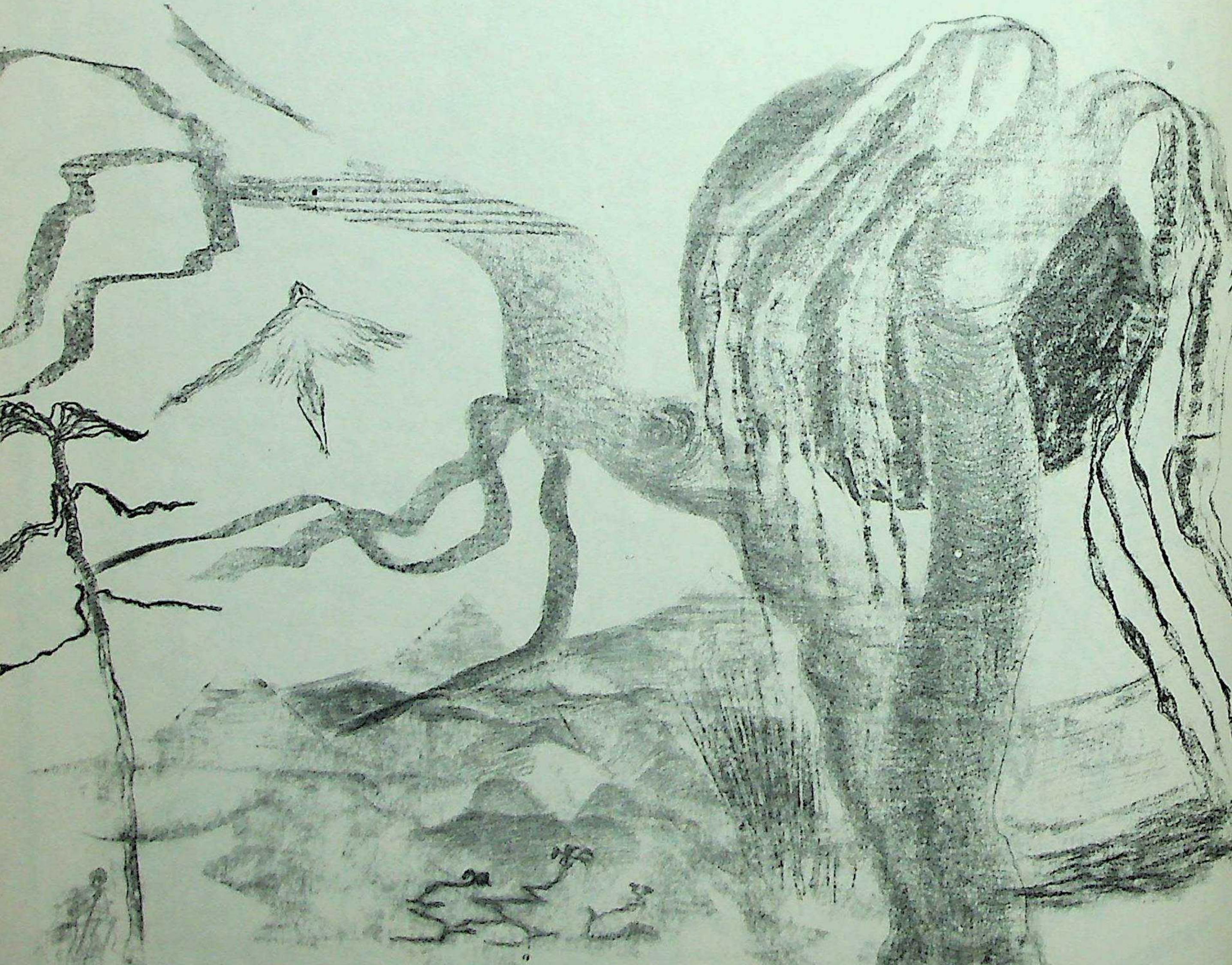


Methods of approach

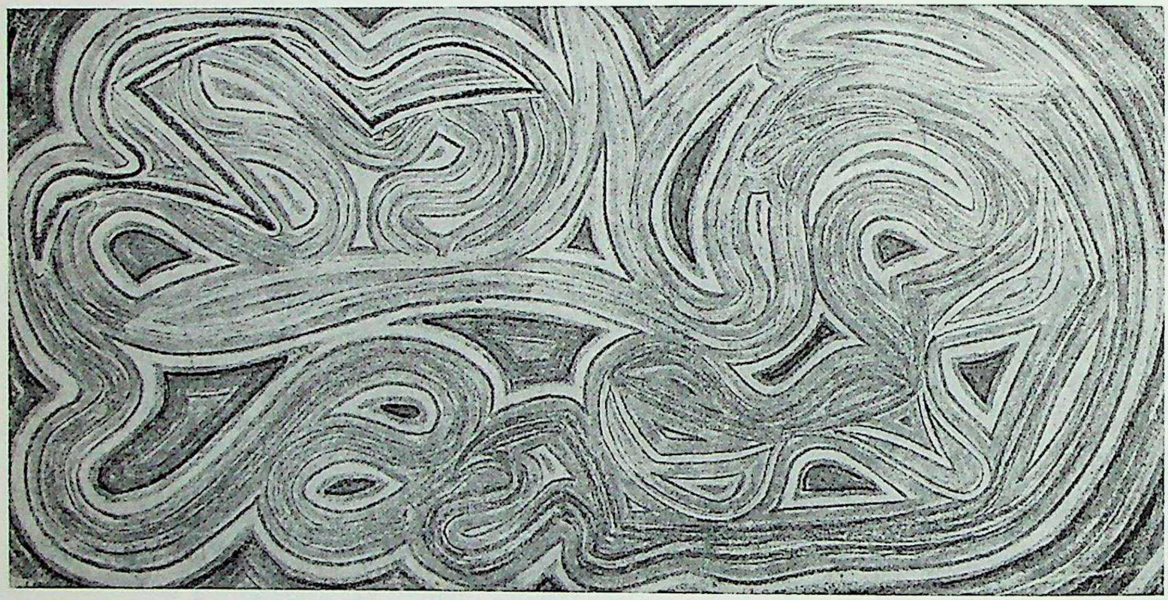
Interest in pictorial expression on the part of the mentally ill – neurotics and psychotics – is of comparatively recent origin. It was only in the latter part of the 19th century that various doctors at hospitals began to make small collections of drawings, paintings, sculptures, needlework and the like made spontaneously by their patients. They nevertheless regarded them only as curiosities. Max Simon was the first to devote a scientific publication to them, *L'imagination dans la folie. Études sur les dessins, plans, descriptions et costumes des aliénés* (1876). Shortly thereafter, Lombroso devoted a chapter to this subject in his book *L'Uomo di genio* (1888). Although old, both studies are still well worth reading.

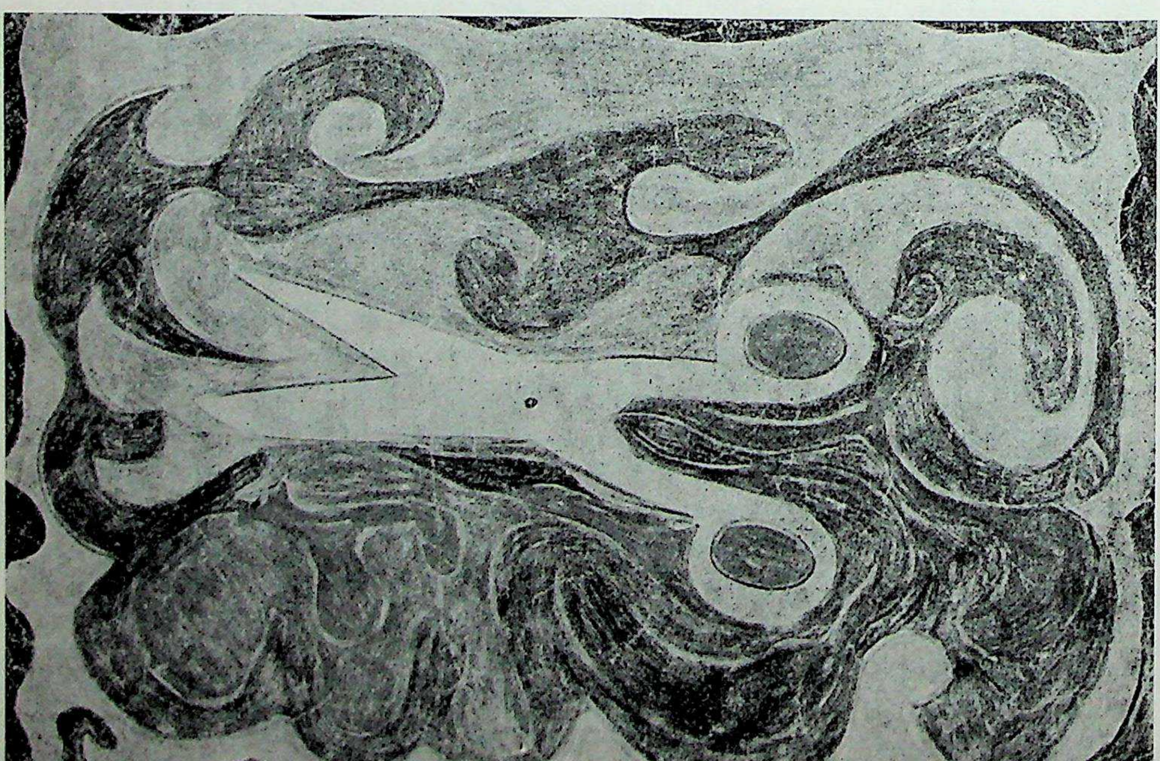
Both investigators came to similar conclusions. They deliberately turned aside from any aesthetic appreciation of the works, yet pointed out that they are of great importance for a better understanding of what happens inside the patient. Thus Simon wrote: 'They reproduce their misery, the agonies which they endure, the persecutions to which they are subjected'. He also referred to the symbolic significance which many elements undoubtedly have in their work. Lombroso pointed out that the objects the patients choose are a direct consequence of their illness. Thus, one man who was suffering from serious melancholia kept on cutting dolls out of wood, these representing a man who was holding a skull in his hand; a woman with megalomania continually worked the word DIO into her embroidery, etc. He was also struck by the use of symbols and the preference of many patients for decorative drawings into which realistic elements had been incorporated in a strange way. Finally, both investigators were struck by the similarity between schizophrenic products and the artistic utterances of primitive cultures.

Lombroso made an important observation about this: 'In the art of the mentally ill and of primitive man we find the same element, namely the need to support language and image, each of which is, on its own, incapable of expressing a given idea adequately... This mixture of words, hieroglyphs and symbolic signs forms a sort of writing which suggests the phonetic-ideographic phase which primitive races (certainly the Mexicans and the Chinese) passed through before the discovery of the alphabet.'

Both investigators were, however, unable to work objectively. Both stated, with a certain self-satisfaction, that they immediately destroyed coarsely obscene drawings by their patients and strictly forbade their creators to express themselves in that way! It is however important that they both realised long before the rise of psycho-analysis that patients' products were

Pl. 2 is discussed on page 134





directly related to their mental conflicts, their delusions and the like and that they had a symbolic significance. They already saw 'sense in the nonsense' of psychotic utterances.

Of the older psychiatrists who studied this subject, we must certainly also mention Fritz Mohr, who in 1906 published an article *Über Zeichnungen von Geisteskranken und ihre diagnostische Verwertbarkeit*, in which he described a series of 'drawing tests'. He did not allow his patients to draw freely, but instructed them to illustrate a story or to copy figures. He then described accurately the deviations from the given example, the unnecessary details which appeared. Even if many of his conclusions were incorrect according to our views, it is important that he asked the question as to what caused the patients to introduce such strange shapes and deviating colours into their work. 'Is this related to a change in the function of perception... In other words, does the patient in fact see things differently, is his eiditic life as a whole disturbed, or does he perhaps represent things in this way for some external or casual reasons (hallucinations, illusions, etc.)? We have no conception at all of how things are constitued in the perceptive life of the patient'.

Dax, who carried out similar tests many years later (1939), was struck by the fact that patients did not succeed in giving the correct expression to faces they had to copy, any more than they did in the reproduction of mimic expressions (sadness, joy and the like). Drawing tests in all sorts of variations now of course play a significant part in experimental psychological investigations (Koch, Machover tests and the like).

Apart from this *clinical approach*, in which the names of Kraepelin, Jaspers, Aschaffenburg Rogues de Fursac, Réja and others must also be mentioned, there soon came a more purely *psychological approach* to the work of the mentally ill. Amongst the many publications, the book by Prinzhorn (*Bildnerei der Geisteskranken*, 1923) must still be considered as a standard work in this field, although it is dated in many respects. It discusses not only the works of the mentally ill, but also compares them with the lives and case histories of their creators. Starting from the views of Gestalt psychology, Prinzhorn tried at the same time to trace the various psychisms which make the creation of art in general possible. He placed first a 'Gestaltungsdrang', a direct result of the 'need for expression' which is characteristic of man. He further distinguished a 'passion to play', a 'passion to decorate', a 'tendency to plan' and a 'tendency to depict' and, finally, 'a need to symbolize'. He attempted, on the basis of these psychisms, to classify and bring order into the very divergent work of the mentally ill, particularly of schizophrenics, this being a very important thing when one is confronted with the extraordinarily varied nature of their productions. Although he did not arrive at a satisfactory psychological explanation of the phenomenon of 'art', at which no-one has in any case yet arrived, his contribution is certainly significant, although it was only an aid in classifying the material. Prinzhorn was also always seeking specifically schizophrenic elements in the artistic productions of sufferers from this disease. He came to the conclusion that neither the representations nor the manner of ex-

Drawings are discussed on page 138

pression exhibit features which do not also occur in the case of normal people. He nevertheless sought in their work a 'seelische Grundhaltung', which would explain their character, this being both difficult to define and also 'strange'. He thought he recognised the typical 'tendency to split' in schizophrenics in the lack of unity in many of the drawings and in the disparity between elements of content and form. This lack of unity cannot however always be found.

A third method of approach has been called the *aesthetic*. Here we compare the artistic products of the mentally ill with those of artists who are considered as being normal, particularly the expressionists and adherents of later modern movements. Psycho-analytical points of view play an important part here. Schilder, Pfister, Frois-Witman and certain others were amongst the first who took the path indicated by Freud, namely to approach art by the methods of depth psychology. They were later to be followed by innumerable others. They were struck by the similarity between certain psychotic and neurotic phenomena and the utterances of expressionistic art. The discovery of the unconscious made this similarity understandable, particularly if the utterances of certain artists, who maintained that they had completely eliminated the conscious and worked directly from the unconscious ('psychograms'), are taken literally. Seen from the point of view of depth psychology, the creative impulses of healthy artists originate from the same levels of the personality as in the mentally ill. Since Impressionism began to languish, artists turned more and more from reality as a source of inspiration, eliminated intellect as far as possible and directed themselves more and more to their own inner world. Psycho-analysis seeks the driving force for the creation of art in the mental tensions and inner conflicts which sometimes give rise to neurotic phenomena, to dreams and to fantasies and, in very definite personalities – namely in artists – to the creation of art. The purpose of art is then to find a solution to the conflicts, the frustrated wishes and ambitions rising up out of the unconscious. The work of art is the result of a struggle between conflicting forces, wishes and ambitions on the one hand, and the suppressing function of the censor on the other, exactly as the neurotic symptom. The artist nevertheless differs from the neurotic in so far as the tensions are not expressed purely autoplastically, merely inside his own personality, but in that he succeeds in converting them alloplastically into a sublimated form in a work of art. The resultant satisfaction extends far beyond that obtained in idle fantasies or in the neurosis. It takes place after all in reality and changes something in the external world. Something completely new which can be seen, felt or heard by everyone is created. The work of art has in this respect a strong cathartic effect, and could be regarded as a preventative against neurosis. It guards against too intense inner, mental tensions. On the other hand, it can be said that art is possible only with the existence of mental tensions. Art could consequently not exist without sorrow. Many examples could in fact be cited to prove this view. Many artists who were initially great saw their creative capacity decline after obtaining many successes. Dracoulidès repeatedly warns against psycho-analysis in the case of artists. He considers that the attainment of an inner equili-

Pl. 3, 4, 5 and 6 are discussed on page 144

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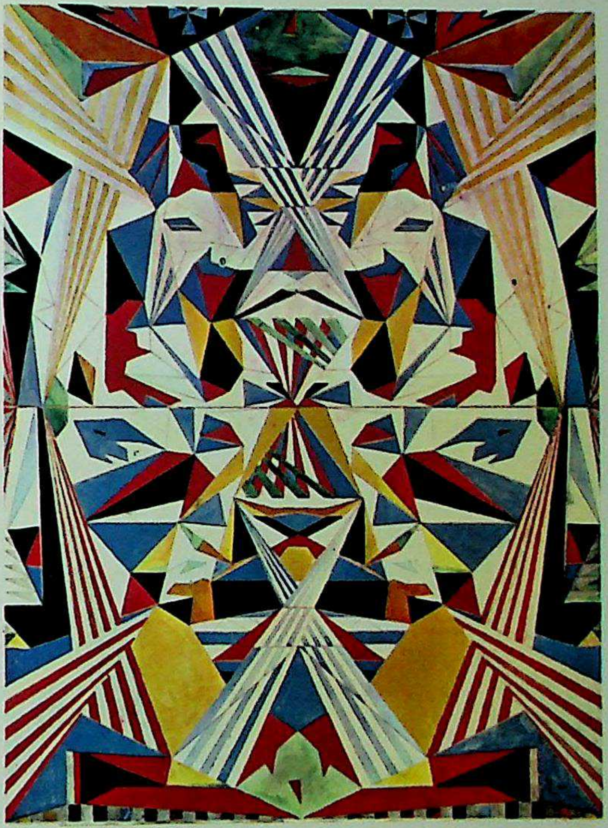

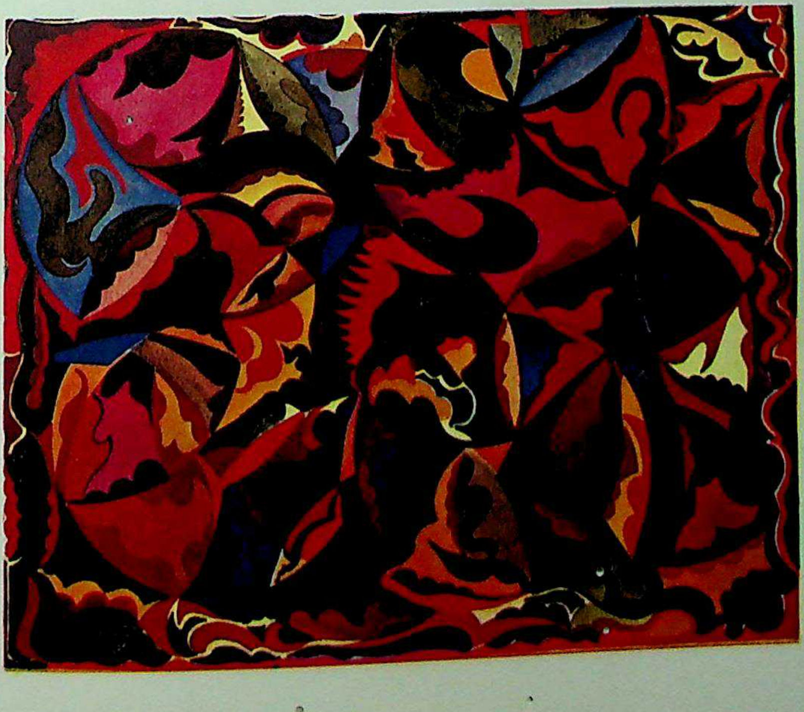

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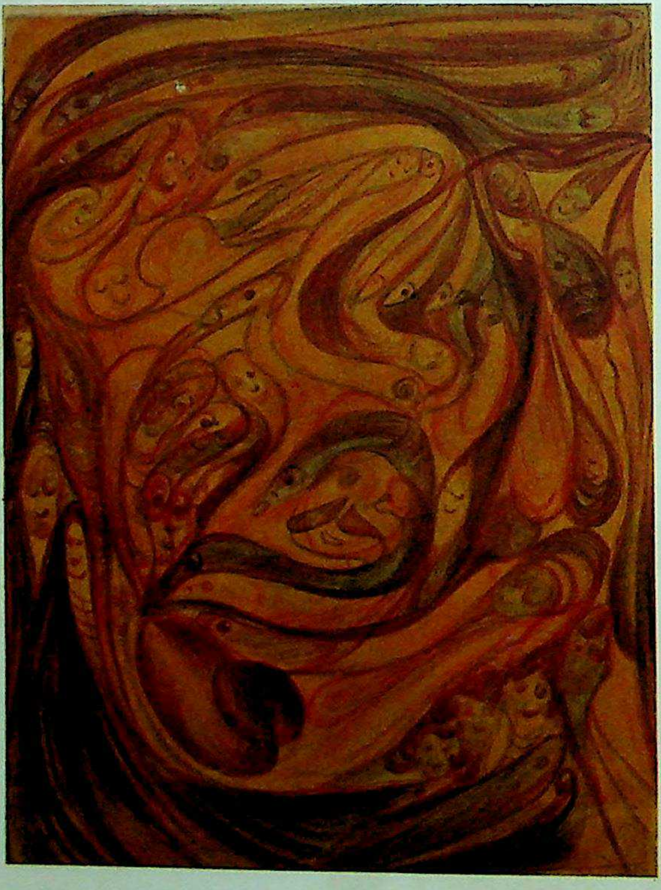

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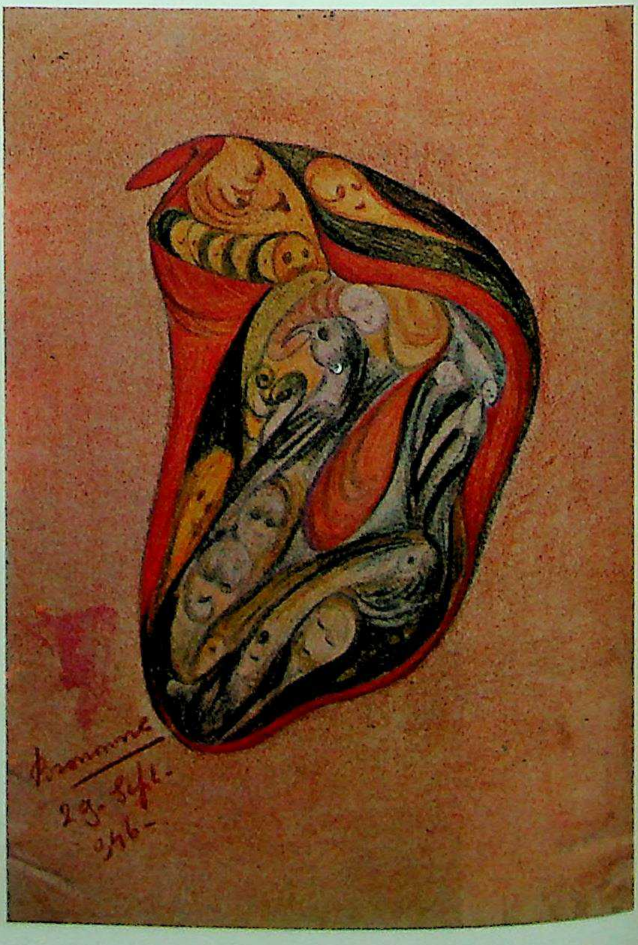

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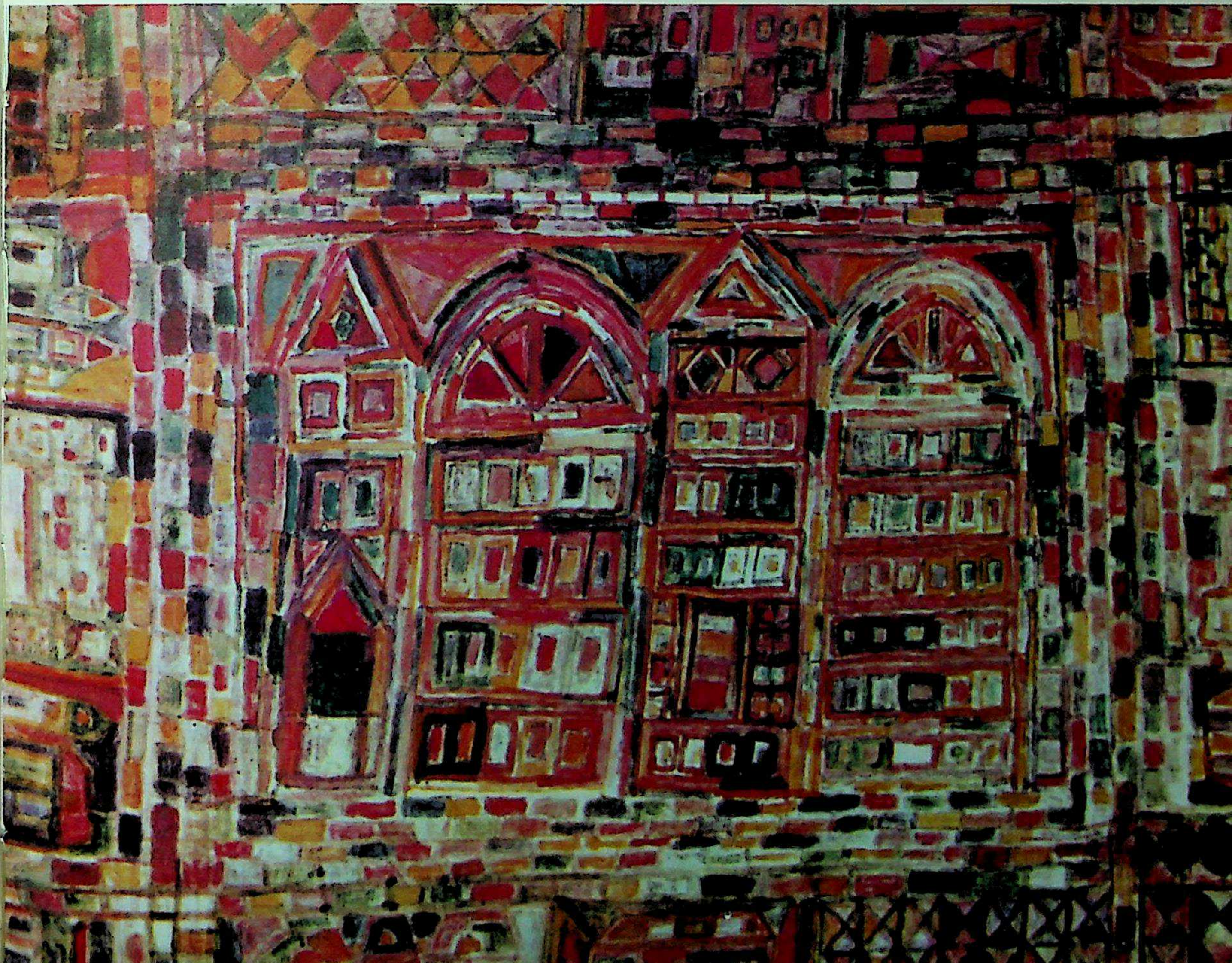

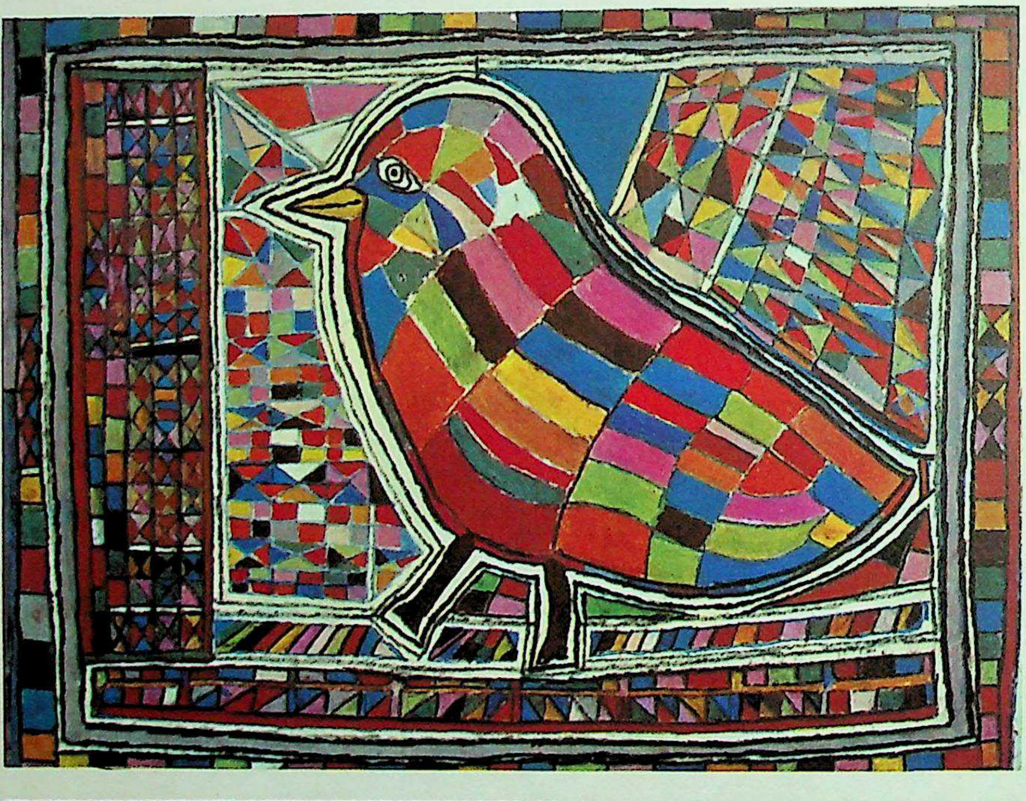

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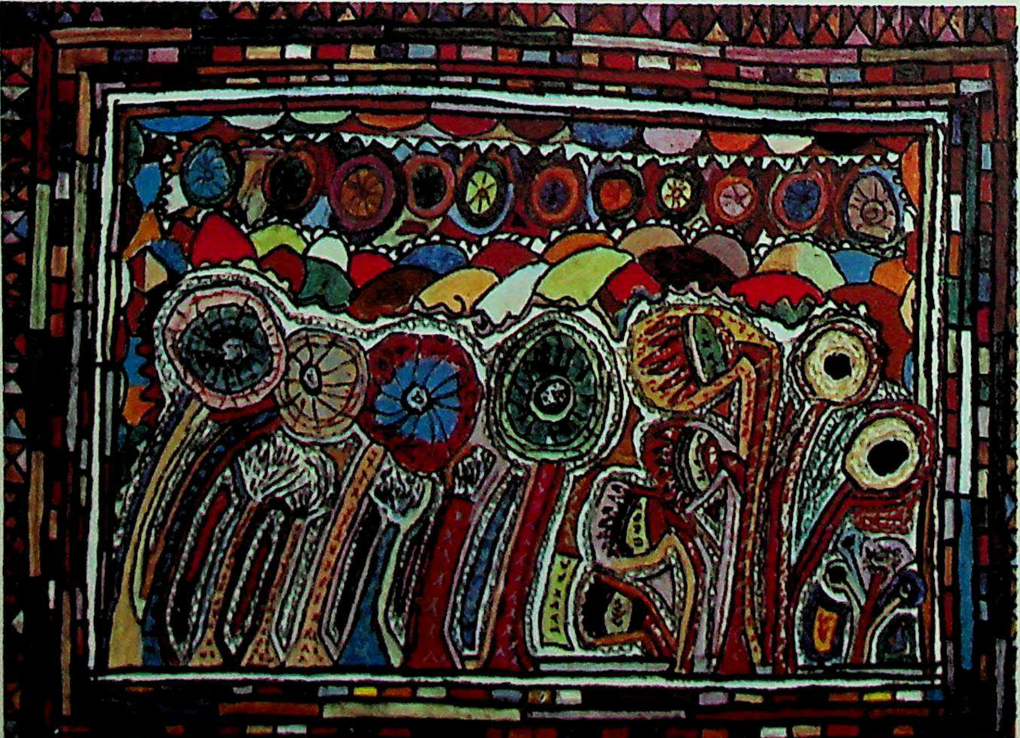

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brium or harmony would take from them the stimulus to create works of art. He refers to the well-known statement by Freud: 'The happy person never indulges in fantasies, only the dissatisfied person. Unfulfilled wishes are the driving forces of fantasies, and each fantasy is the fulfilment of a wish, a correction to reality which proves unsatisfying'. Actually we find in the lives of very many great artists a grave sorrow, such as the death or disappearance of one or both parents during their youth, rules of upbringing which were either too strict or too indulgent, sickness, infirmity, invalidity, frustrations, humiliations and insults, all types of drastic psycho-traumatic conditions, disillusionments, feelings of inferiority, various complexes which restricted the joy of living or made it impossible, fears, etc. Opposite this, there was a strong longing for a liberating release from tormenting reality, a tendency to compensate for these frustrations through the creation of art. 'Every artist is a man of sorrow' wrote Pfister. Toulouse-Lautrec said on one occasion: 'If my legs had been a little longer, I should never have painted'. Paul Bourget was able to argue: 'There is not a true writer who does not bear a wound from which his books have proceeded'. The number of sayings of this type is very great, and one has only to think of artists such as Utrillo, van Gogh, Gauguin, Modigliani, Toulouse-Lautrec, Millet, Proust, Dostoevsky, Hölderlin, Chopin, Beethoven and Berlioz to see the confirmation of this statement. Reference may be made to Dracoulidès *Contribution de la souffrance à la création artistique et de l'art au soulagement de la souffrance*, in which an impressive series of biographies of artists is intended to prove the importance of sorrow. For the rest, we must point out that in modern art the personality of the artist and his particular affects and complexes have come to occupy a much more central position than in the periods in which so-called classical tradition prevailed.

These considerations of Dracoulidès undoubtedly have their value. He nevertheless states matters far too simply, considering the term 'mentally healthy' as being to far too great an extent identical to 'without tension'. This is incorrect. The great tragic tensions in life cannot be analysed away. Real creativeness is not destroyed by psycho-analysis of the artist. It can even be asserted that as the possible neurosis of an artist is cured, i.e. as he becomes mentally more adult, his work becomes greater and certainly acquires a truer charm.

It is clear that we can, by means of the psycho-analytical approach, obtain important information about the inner conflict with which the artist is struggling. Psycho-analysis can no doubt supply an important contribution as far as the *content* of the work of art is concerned. We shall understand better why a painter chose a certain subject again and again, why a writer follows a certain theme again and again, and the like. This does not of course say anything about the work of art as such. The value of a painting, drawing, sculpture or novel does not, in the first place, depend on the content, on what is depicted, but on quite different elements, amongst which the design in particular is the most important. If, for example, we continually expose the Oedipus complex in the work of Dostoevsky, such as Jolan Neufeld amongst others has done, this never having been overcome by the writer, and attach to it all sorts of observations

Pl. 7, 8, and 9 are discussed on page 143 concerning the artist's personality, we have still said nothing about his novels as works of art. There are, after all, tens of thousands who have never overcome their Oedipus complex, but there has been only one Dostoevsky! We arrive here at the same problem as that we met when discussing psycho-analytical attempts to explain schizophrenia as a form of mental suffering. We saw that these do in fact succeed in picking out the pathoplastic elements in all their details, but do not get to its pathogenesis. All views which see art exclusively as an expression of emotions, of tendencies and ambitions rising up out of the unconscious soon become abortive. We have already seen that it will never be possible to distinguish in this way between bad and good art, between a sonnet by Shakespeare and the clumsy love-poems by an adolescent, for example. Both are products of the same atmosphere. There is also the danger of falling into the notorious error known in logic as the genetic fallacy. Although one may succeed in finding the origin of the phenomenon 'art', its nature has still in no way been explained. When, many years ago, certain psycho-analytical writers showed that painting is related directly to the pleasure a child has during the anal phase of its psychosexual development in spreading out its faeces, they were perhaps right from the genetic point of view. They did not, however, make a contribution to a better understanding of the nature of painting through their demonstrations!

If, consequently, the approach to the phenomenon of 'art' via the content or representation fails, and if the analysis of the affects and complexes on which it is based says little if anything about the essential and valuable nature of the work of art, our understanding is likewise not greatly facilitated if we introduce and use biassed concepts such as aesthetic emotion, directness (with which intuition is then related), illusion and the like. All these attempts at an approach each illuminate one aspect of the phenomenon only, without seeing it as a whole. Important as the form is in every observation about art, we certainly do not arrive at a true understanding by means of this approach alone. We then do not know what to do with the emotions, while the representation has to be put aside as superfluous or even as directly disturbing.

These considerations do not, however, alter the fact that, if we observe the drawings and paintings, etc. of patients from a diagnostic point of view, their content can really be of importance. This is certainly true as regards the easier recognition of the problems with which the patient is wrestling consciously or unconsciously. These do not however by any means always come directly to light, but are, as in dreams, in most cases distorted, in a camouflaged, disguised form which has to be interpreted. In this interpretation we use the same method as in the interpretation of dreams in psycho-analysis. In artistic utterances we must likewise take into account condensations, shifts, secondary elaborations, dramatisations and the like, while symbols – not always recognised as such by the creator – are also often used. Very much has been written about the use of symbols in art and particularly in so-called 'schizophrenic art', and their interpretation is often the centre of interest when discussing the works of the mentally disturbed, including both neurotics and psychotics.

The word 'symbol' is used in very many different ways. It is often confused with the term 'sign', and this can result in much obscurity. 'In logistics a sign (signal) indicates the existence – past, present or future – of a thing, event or condition' (Langer). Thus, for example, a wet road is a sign that it has been raining, a gong that a meal is about to begin, etc. It consequently reproduces a simple relationship: subject – sign – object, or individual function – significans – significatum. There are innumerable sorts of signs: natural or artificial, sensible and mental, etc. Our society is full of them. We are confronted daily by hundreds of signs, such as traffic signs, uniforms and sounds. It is important here that the thing indicated should be just as clear and distinct as the sign itself. A sign is consequently directly translatable. The dream elements indicated by Freud as 'symbols' are therefore really not true symbols, but signs, in most cases direct references to well-known things, principally from the sexual sphere, which could equally well be indicated in rational words. More accurately, they are symbols, but Freud uses them as if were signs.

A *symbol* is much more complicated. 'It is not proxy for its object, but is a vehicle for the conception of an object' (Langer). The relationship is consequently: subject – symbol – conception – object. Symbols make it possible to think and speak about things without them being present at the time. 'A concept is all that a symbol really conveys', writes Langer. The symbol consequently refers to something which lies behind the thing which appears to us. We understand a symbol if we understand the representation it has, its *connotation* is then clear to us. Although much more complicated in structure than the sign, the symbol has a similar, i.e. a cognitive function, it communicates something.

It is always best when introducing certain, already existing, terms into a new field of study to link up as far as possible with existing linguistic usage, since otherwise confusion is inevitable. There is in normal conversation the tendency to attach to the word 'symbol' the meaning of something obscure and mysterious, at least of something that is not immediately intelligible to everyone. Jung took this into account and therefore described a symbol as 'the best possible designation or formula for a relatively unknown element which is nevertheless recognised as being present or required'. In other words, a symbol is a tentative description of something that is not completely clear and not completely known, in contrast, therefore, to a sign. We could also say: 'a symbol is an element found in our experience, either arising from the external world or rising up from the inner world, which expresses an as yet unknown connection in the most adequate way' (Rümke). If in the long run we find for what is merely 'suspected, but not yet clearly known' and consequently can be reproduced only by means of a symbol, a better representation, or if we get to know it better, then the symbol loses its value and significance. It becomes a 'dead' symbol which possibly still has only historical importance. Thus, thunder was formerly a real symbol, namely of divine power. Something was sought behind it, of which people had only a vague suspicion, the nature of which was however not known, such as cosmic forces, a raging God, a heavenly voice, etc. For 'modern' man thunder is only a sign, namely of an electric discharge which can be explained. It has in this way lost its symbolic character.

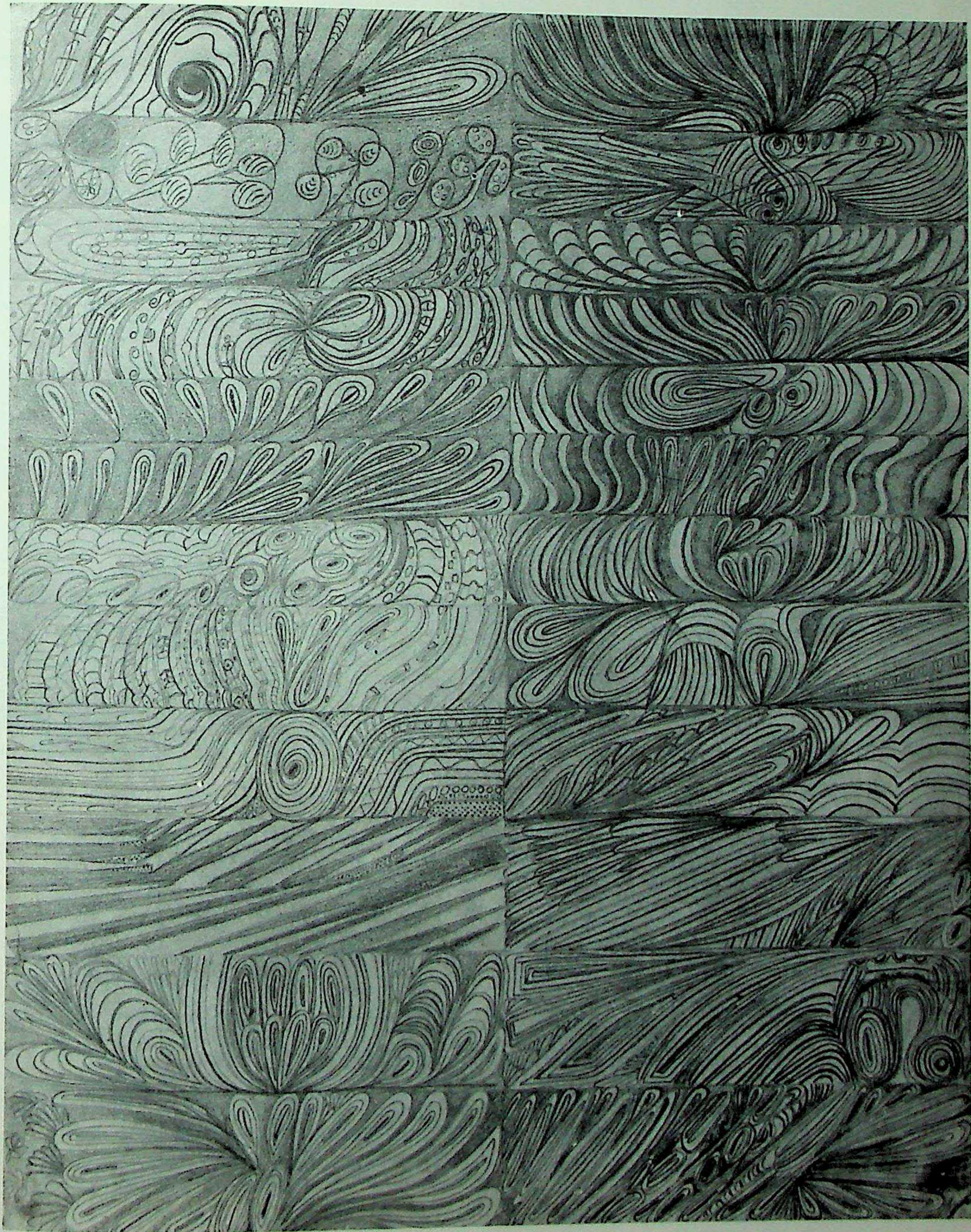
There is a further point. Symbols have a communicating function, they appeal to our intellect. They nevertheless always also contain an affective element. (In mathematics, we speak also – just as in other exact sciences – of symbols as temporary substitutes for magnitudes which are to be filled in later. They nevertheless lack this emotional element!) What is 'suspected, but not yet clearly known' must have a 'meaning' for us. We open ourselves to it or shut ourselves off from it. A *symbolic attitude* is required if we wish to recognise a symbol as such. A given object or sign will be nothing more than a 'thing' to one person, being nothing more than what is perceived of it by the senses. Another person will nevertheless view it with quite different eyes and will apprehend it as a reference, the expression of something unknown. Thus, for example, the Cross is to one person nothing more than a conventional sign of Christianity, possibly only of Roman Catholicism, while for another it is a highly pregnant symbol evoking the whole story of the passion of Christ or referring to great mysteries, such as reconciliation and grace. Numerous symbols from religious worlds which are unknown to us are scarcely signs for us. What does it mean to the average European when he finds in the Australian desert beside a half-dried up water-hole a few stones and a stick thrust into the ground? For the Australian aborigines, it is, however, the venerable, highly affective symbol of the presence of the 'great mother'.

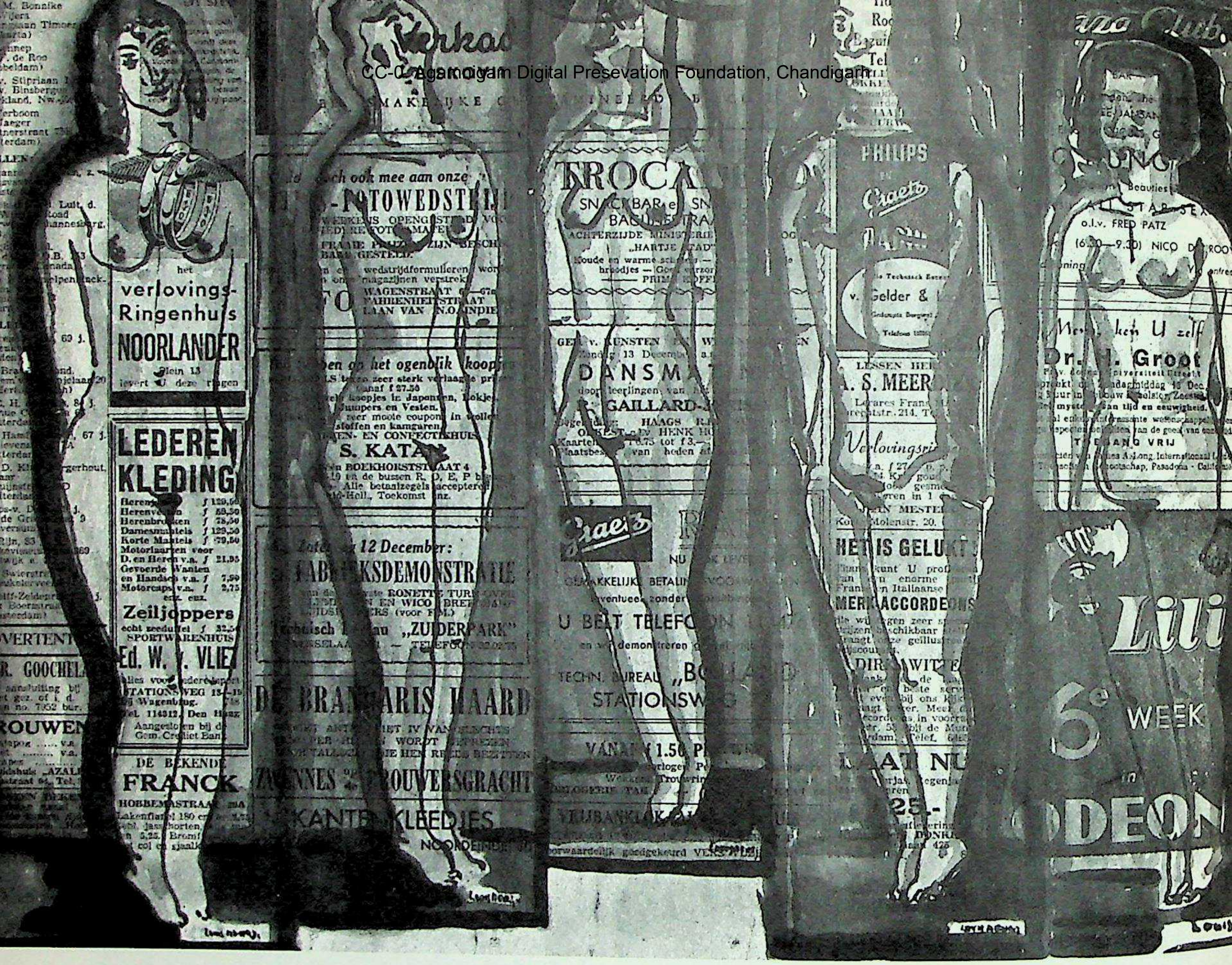
There are also images, the symbolic value of which is not determined exclusively by the observer's attitude. They assert their symbolic character as it were, and we cannot escape them. These are the images which would be completely non-sensical if they did not have a symbolic significance. A triangle in which an eye is placed is, as a representation, so absurd that the observer cannot possibly take it as a bizarre, fortuitous (perhaps 'surrealist') idea. He is forced 'to seek something behind it', to see in it a symbol, particularly if he notices that this strange element occurs fairly frequently and is apparently looked upon by many with reverence. These 'obtrusive' symbols do not, of course, always need to be living. The strange Egyptian and Sumerian figures of gods, Greek and other fabulous creatures, the mediaeval unicorn, etc. no longer live for us. At the most, they tell us through our intellect they were formerly symbols or else they appeal to us merely aesthetically. The living symbol, on the other hand, appeals to our whole being, it touches both our conscious and our unconscious, appealing not only to our reason, but also to our feelings and our intuition.

If we bear these points in mind and assume a 'symbolic attitude' when approaching the artistic products of sufferers from psychoses, then much in them will begin to live for us which we should otherwise have overlooked. Such an artistic product often appears to swarm with signs and symbols.

It is obvious that symbolism plays a particular part in certain areas of life, namely in those fields

Pl. 10 is discussed on page 143

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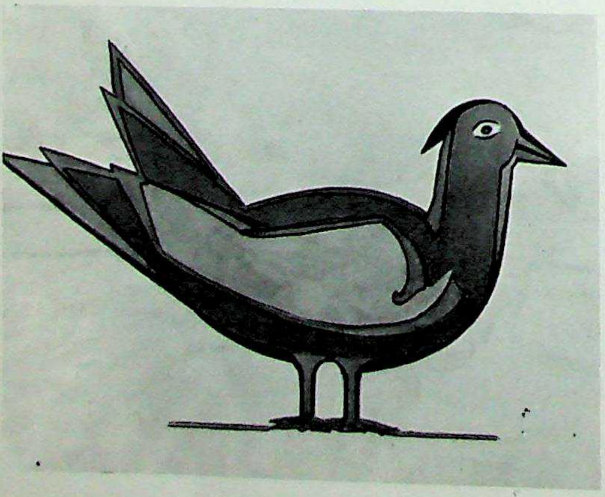

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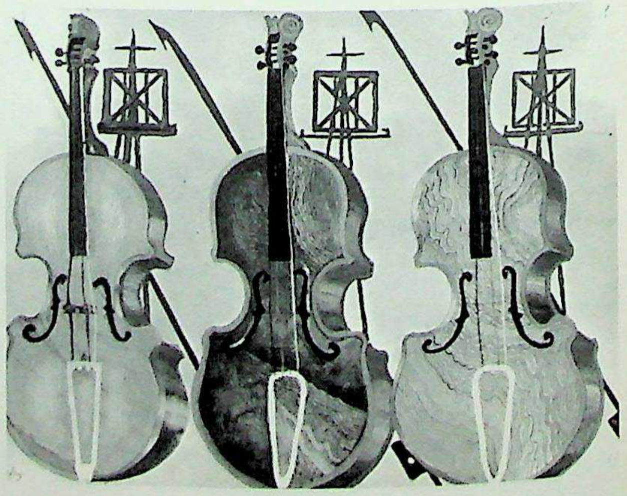

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where it is a question of realities which are seen in the mind's eye only or are 'suspected', which will never be completely known and cannot be expressed numerically. These include the field of the supersensual, of religion and that of values and ideas. Included also is the mental life of ourselves and our fellow-men where it is a question of personalities and of what takes place in them. Symbolism consequently plays an important part in art.

Otto Baensch was the first, in an article entitled *Kunst und Gefühl*, which appeared in 1923, to grant a cognitive function to art. According to him, art is not intended as a means of evoking feelings of pleasure, however refined these may be (aesthetic feelings), but the making known of something which was not previously known. Art wants to communicate something, wants to be understood. What art creates is always of an emotional character and also evokes emotional reactions in the observer. These emotions are often considered – erroneously – as a criterion of art, which they are however not. Baensch unfortunately developed his thesis in such a way that it caused him to end up in all sorts of paradoxes, as a result of which it remained unprofitable.

The philosopher Susanne K. Langer nevertheless associates herself with these views. As a good logician, she works much more clearly and critically however. She also attributes a cognitive function to art. Art communicates something. The work of art consequently has the character and significance of a symbol in the logical sense. In this connection she wrote in her book *Philosophy in a New Key. A Study in the Symbolism of Reason, Rite and Art* (1942) an interesting chapter on music in which she stressed that music asks for 'interpretation' on being listened to, not an emotional reaction. Although not comparable with language, music is nevertheless to be regarded as an 'articulate symbol', not in the sense that each note, each interval, each bar has a firm meaning fixed by convention, as words and sentences in a language but has the character of an 'unconsummated symbol', i.e. a symbol without a firm connotation. It could certainly have a firm connotation (such as indeed in certain horn signals and the like), by, for example, referring always to circumscribed emotional experiences, but refuses to become fixed, the forms remaining free. (Think in this connection of the vain attempts of Pirro and Schweitzer to find a fixed connotation to the music of J. S. Bach!) Music, written with the intention of clearly indicating or 'painting' a circumscribed something, such as bad 'programme music', is not music. We are confronted in music by symbols which refer to things which could and can never be expressed through language. The composer communicates by means of music experiences which a non-artist does not have, while he is in a position, through his particular structure, to make these recognisable, even if not in words. It does not of course relate to any reference to fairly simple subjective feelings in the artist, such as sorrow, joy, despair, longings and the like, but to something much more subtle and complicated. The composer has a form of contact with a reality which is different from that which is made the subject of investigation by science. Not that music should express something non-musical! It is not a reproduction of the world

Pl. 11, 12 and 13 are discussed on page 153

considered either materially or spiritually, but of something of which our world is also only a symbol. In his *Wegen en grenzen*, van der Leeuw expresses it in this way: 'All art is experienced as an incarnation of what is different and more distant'. And Mauclair speaks of a 'meta-music': 'Above music there is a supreme language, it is the generative rhythm of the universe'. We nevertheless run the risk in this way of slipping off into an idealistic view of music which is definitely not accepted by Langer.

Langer later extended her theories to all the arts. She finally says in her book *Feeling and Form* (1953) that art expresses by means of symbols, such as colour, form, sound, etc. what cannot be said by means of ordinary language. The inexpressible is said in it. Really great works of art also always have something special in and about them which makes them different from what we can perceive of them through our senses alone. They are always symbols, the expression of an experience which cannot be reproduced in any other way. That which 'is suspected, but not yet clearly known' becomes *transparent*. This transparency is unfortunately often clouded by the attitude of the observer of the work of art, namely if he is guided only by the content, the representation, the 'picture' (if it is a painting or a drawing), the story which he recognises through his intellect. Such an approach is, however, wrong. It remains attached to the surface only and can at the most be called 'literary'. It does not see through the work and consequently gives rise to emotions which cloud the emotional content of the work itself, resulting in the symbol being misunderstood. This is, in such a case, even taken as a sign, people then expressing in rational words what is intended to be expressed in the painting, to which the work of art refers. Then it is no longer a work of art! The fault of the clouding of the translucency can also of course lie with the creator of the work of art, if he does not succeed sufficiently in resolving or in avoiding irrelevant elements, or if he does not arrive at pure abstraction. The congruency of the artist's emotion and the symbolic form he used to reproduce it must strike us immediately through the power of the 'Gestalt', the totality of the work of art alone.

In her second book, Langer finally arrives at a sort of definition of art when she writes 'Art is the creation of forms, symbolic of human feelings'. The word *creation* may certainly be used here. After all, something which was not initially there, which is completely new is formed from the uniting of colours, lines, shapes, planes, tones and sounds. This is naturally not as a physical object (the painting consists of a piece of canvas or wood on which colour is spread, the stone from which the sculptor chipped existed already), but as a symbol. It is precisely this symbolic character which gives the work of art the character of 'being different', which we just mentioned. This 'being different' moreover becomes even more comprehensible through the fact that the artist does not wish to give a reproduction of the reality outside himself, but that he creates a 'picture', and 'image'. The picture is abstracted from casual order and exists solely for perception. It is an illusion, has a merely purely virtual existence: 'Its visible character is its entire being' (at least as far as the plastic arts are concerned). It has no practical significance for the world, at least not in the first place. Its significance rests above all in its symbolic character which harks back to certain human emotions.

We have already seen that direct self-expression is never art. We cannot then assert that the artist is really an artist because of a strong emotionality or above-average sensitivity. We also sometimes find in the case of very many definitely non-creative, artistic (and also non-artistic) people a special degree of sensitiveness! The artist is an artist because of his special ability to recognise shapes intuitively, these being symbolic of his feelings. He intuitively recognises in things a reference, they become for him a means to say the unutterable, to express the unknowable. It also forms part of the nature of an artist to be in a position to project emotional 'knowledge' into an objective form which is transparent for the observer or listener. All art is in this sense symbolic art. We certainly speak in a careless way about 'symbolic movements in art' (e.g. 'symbolism' in poetry), but then we really mean that certain artists are seeking new symbols and new forms, because the old symbols in vogue are 'dead'. It is then clear that certain dangers are threatening. We cannot consciously form new symbols. Jung pointed out that it is not possible to create a living symbol from known, conscious connections. They then acquire no 'charge' and contain nothing more than has consciously been put into them. We have already seen that the whole personality must resonate with it if we wish to be able to call a symbol 'living', and not merely the intellect which does not extend beyond signs. Such failures to introduce new systems of symbols into art have not been a rarity. Just think of the Nazarener in Germany, the Pre-Raphaelites in England, the Symbolists in France, figures such as Toorop, Roland Holst, Konijnenburg, etc. in the Netherlands. Their efforts came to nothing, their symbols were not 'living' and did not strike root. They derived too much from the intellectual sphere, the primitive element was not included in them, this being just what is familiar to all people. Only if that too is contained in a symbol and is expressed adequately, has it a general effect, so that we can, with Jung, speak of the 'redeeming effect' of the living social symbol.

Psycho-analysis views symbolism as the result of repression. In other words, what is known does not need to be expressed in symbols. This is not the place to consider in detail the different views concerning the unconscious – the matrix of symbols – by comparing the statements of Freud and Jung. What Freud calls the unconscious is for Jung merely the *personal unconscious*, only a small part of the total unconscious which, according to him, contains not only the things which have been repressed from the conscious during the life of the individual and consequently could also have remained known, but have become the 'victim' of the censor, but also many elements which have never been known. Under the personal unconscious Jung assumes a *collective unconscious*, which is not individual, but is general and the same for all people. Although Freud was certainly willing to assume the existence of an 'archaic heritage', he never wanted to adopt Jung's views. It is, moreover, a difficult task for both investigators to make their views scientifically acceptable. How can we imagine that intellectual assets acquired during life are passed on to descendants? How can this 'archaic heritage', this 'rememberance of species' be passed on from parent to child? Jung says about this: 'it is not here a question of an 'inherited idea', but of an inherited path, i.e. of an inherited mode of mental functioning', comparable with the instinctive reactions of the animal, 'a pattern of behaviour'. 'The collective unconscious is the tremendous intellectual inherited mass from the development of mankind, reborn in every individual cerebral structure'. While we must expect from the conscious reactions and phenomena of adjustment which are connected with the present, since the conscious is to a certain extent that part of the psyche which is directed to events and situations in the present, we can expect from the collective unconscious, as a timeless and generally human sphere, reactions to the most general psychological, physiological and physical situations which are important not so much for the existence of man as an individual, but as a 'species'. Jung also speaks then of the 'objective mental element'.

The collective unconscious consists of images and mythological motifs, so that we can recognise in mythology its real exponent. Mythology is, as it were, the field of projection of the collective unconscious. This is why we find similar myths spread throughout the world amongst the most diverse races, while it can be assumed with virtually complete certainty that they have had no mutual contact, so that there can be no question of diffusion. Certain motifs, called by Jung 'archetypes' (a word derived from Dionysius Areopagiticus, *Concerning Divine Names*) or 'primordial images', occur all over the world. Thus we find everywhere the image of the Dragon, the Spectre, the Sphinx, the World Tree, the Great Mother, etc., these being well-known figures in numerous myths, legends and fairy-tales. Archetypal representations such as the wandering Hero, the 'Nachtmeerfahrt', virgin birth, the dying and resurrected god, the fall of man, numerous cosmogenies, mysteries of sacrifices, etc. prove that there are alive in the collective unconscious, not only static, but also highly dynamic images. Less striking figures can also have an archetypal significance, such as certain numbers (including 3 and 4 in particular), light, night, the eye, blood, the sea, trees, plants, all sorts of animals, possibly represented as speaking (lion, snake, etc.) and the like. Just as virtually everything can occur as a symbol for those who have the eye for them, almost everything can, in a given context, assume an archetypal aspect. The number of archetypes is nevertheless limited, corresponding to the 'possibilities of typical fundamental experiences'.

According to Jung, the archetypes together form an enormous, inexhaustible material of extremely ancient knowledge concerning the deepest bonds between God, Man and the Cosmos. If complex psychology then tries to bring to light, breathe life into and integrate into the conscious knowledge buried deeply in the individual, yet every now and then active from that depth, it is wishing to cause man to participate again in an eternal event. It is, in its nature, much more than a mere psychology which desires to inform man of knowledge concerning himself or which possibly wants to work psycho-therapeutically. It tends strongly in the direction of a 'doctrine of salvation' which desires to point out to man his 'eternal destination' and which wants to bring him into living contact with the primordial soil of human existence. It shows in this striking similarities with many ancient gnostic directions of thought.

In spite of the great deal which Jung said and wrote about archetypes in the course of almost fifty years, it remains difficult to establish what he precisely meant by them. Again and again he defined and described them in a different way, finally coming to the conclusion that it would be an illusion to explain them. 'Their final nucleus of significance can be paraphrased, but not described'. On one occasion he represents the archetype as an instinct or the image of an instinct in the light of the mind ('Self-representation of the instincts'), then again he calls it simply an image or the inborn disposition to devise such an image, or an inherited capacity to represent it, then again the expression of the creative power of the psyche, an 'organ of the soul' or, with Bergson, 'un éternel incréé, etc.' He even draws a comparison with the *Ideas* of Plato, which he desires to view as philosophical expressions of the psychological archetypes, even if the *Idea* in Plato's sense must be understood as a primordial image in its greatest perfection, in other words in a 'light' meaning, belonging in the 'world of the eternal', while the archetypes carry inherently in themselves also the obscure and transitory human aspect as well as this light one.

The collective unconscious and the archetypes come to light, apart from in myths, in the case of individuals in certain dreams, in neuroses in certain neurotic phenomena, in certain works of art (Jung has described this in a short essay on Picasso, in whose case he constantly meets certain archetypal forms of woman, the descent into the Underworld, the chthonic harlequin, etc.), during an analysis in the Jungian sense (Jung says himself: 'I have seldom if ever had a case amongst my patients which had not had recourse to neolithic forms of art and had not indulged in evocations of ancient dionysisms'), and finally in symptoms of psychosis. Jung made his first discovery of the collective unconscious in the case of a sufferer from schizophrenia who showed the visual hallucination that, when he moved his head to and fro, the sun, which he conceived as being male, moved his penis to and fro, these movements then causing winds and storms on earth. A few years later, Jung discovered, in the so-called *Parisian Magic Papyrus*, which probably contains a Mithras liturgy, a completely similar explanation of the origin of the winds. Later he found a few mediaeval representations of the fertilization of the Virgin Mary in which this was represented by a long tube coming from the sun and opening out under her skirts, through which wind was blown. Many investigators after Jung have referred, particularly in the case of schizophrenic patients, to the spontaneous appearance of archetypal images and representations, such as very ancient cosmogonies, apocalypses, mythological figures, etc. It must be concluded from these that not only entry to the personal unconscious is granted to sufferers from this disease, but even that to the collective unconscious. We find innumerable examples of this in complex psychology.

In the great book by Baynes, *Mythology of the Soul*, we find a very detailed analysis of a long series of drawings by two men – the first a doctor, the second an architectural draughtsman – diagnosed by the writer as 'marginal schizophrenics', who were under him for psychotherapy and who recovered. The first began to draw spontaneously at the start of the treatment, the second much later only, when treatment had to be interrupted for various reasons. When interpreting the drawings, Baynes made use of the free ideas, in other words the reactions and commentaries of patients to their own creations. If these were deficient, so that the sense did not become clear, then he resorted to general mythological explanations in which he tried to find as many motifs as possible, so as not, as he said, to fall into Freud's error of using only one archetypal explanation. (He meant by this the Oedipus complex described in so much detail by Freud and which is found again and again.) Thus he found regularly in the works the archetype of the Shadow, the Anima, the Old Wise Man, the Hero, etc., in addition to the symbolic use of numbers (particularly of the number 4). In this way he was gradually able to bring to light the 'individual myth', as Kerenyi called it, through becoming conscious of the archetypes, strongly resembling the great myths which have been handed down by ancient races.

On the other hand, we find in psycho-analytical literature all sorts of publications which derive, in great detail, the Oedipus complex, the castration complex and other analytical ideas from symbols which have been found. We find this in an extreme form in the work of Groddeck, the man who introduced the expression 'das Es' (the Id) for the unconscious, *Der Mensch als Symbol*, in which the writer monotonously considers he discovers all sorts of symbols again and again in 'quasi-innocent' works of art. The average observer will not, for example, see in 'The Anatomical Lesson of Dr. Tulp' by Rembrandt the symbolic representation of coitus, any more than in 'The Three Phases of Life' by Sassoferrato or in 'The Creation of Adam' by Michelangelo. Groddeck believes he sees this confirmed in all sorts of details in these paintings and finds innumerable 'proofs' for his assertions. The work of art becomes in this way a collection of 'signs' which merely need to be translated. Its real symbolism is however then lost.

As already pointed out, we cannot escape from the thought that a highly suggestive influence on the analysand emanates from the personality of the analyst and from the method followed by him, and that the interpretations given of drawings, paintings, etc. have a strongly subjective character. If the person being psycho-analysed has once understood the method of interpretation and he is being led along a certain path, then he continues to follow this obstinately. We must ask ourselves whether we can then speak of spontaneous utterances which are the direct expression of the unconscious. Is this latter as directly at work as the analyst wishes to imply? Artists who considered they were working directly from the unconscious (Klee for example) likewise cannot insist upon this. Klee's 'childlike' drawings and psychograms, Kandinsky's or Miro's 'spontaneous' playings with colour, the well-balanced surrealist compositions of, for example, Dali and Ernst, the 'direct' representations of dreams by Delvaux and Magritte, the dynamic rhythm of Masson, etc. suggest a conscious aesthetic principle in addition to this 'unconscious' work. A secondary elaboration of the unconscious material cannot be denied. These artists also started from a consciously accepted attitude. We see this, at a different level, also in the work of patients with whom 'art therapy' is applied or is used as an aid. We disregard here the fact that the same drawing will be interpreted completely differently by adherents of various psychiatric schools. They find different symbols in it and interpret these very differently. How different is the explanation given by Freud for the taboo of incest from that by Jung!

These dangers become even clearer if we are dealing with really psychotic persons, for example with schizophrenic patients. The interpretation given by the psychiatrist carrying out the treatment then turns the scales. Very many patients cannot say anything at all about their own work or keep on giving a different answer when they are asked about its significance. We have seen that already when discussing the disturbances in thought occurring in schizophrenia. The opposite also occurs. The patient can persist obstinately in one completely unintelligible answer. If one tries to consider the work more closely, one always obtains the same answer as a perseveration. One of our patients in this way called a large decorative sheet 'the zodiac'. Since this was, in view of the image, a completely unsatisfactory name, he was asked to explain it further. Where were the constellations, what did the colours which had been used mean, how did the spidery lines express the astronomical or astrological idea? To every question we obtained the monotonous answer: 'That is the zodiac'. No further commentary could be obtained.

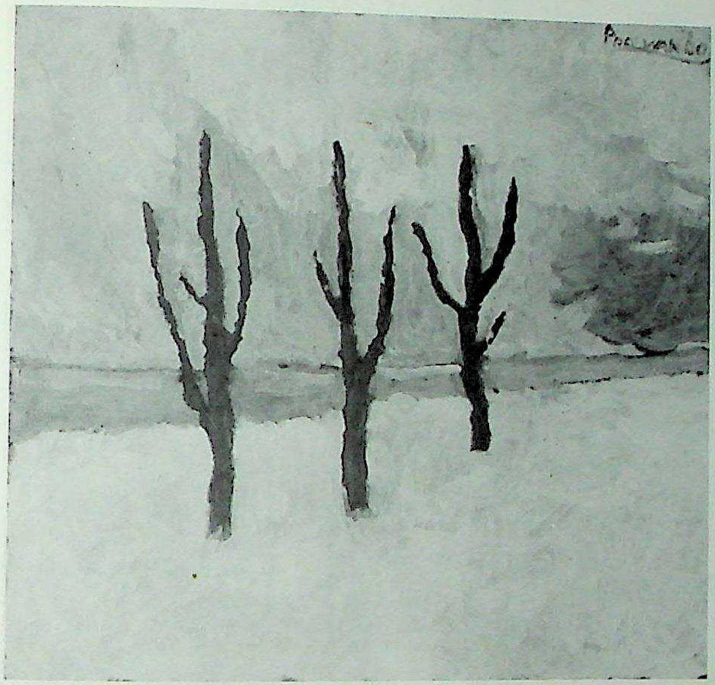
We have also already seen that many things which do not have any special symbolic significance for the normal person can exert a strong symbolic effect on sufferers from schizophrenia and can apparently contain a completely subjective symbolism, referring to concepts which are of significance solely to the patient. Much of what the patient wanted to express with his work is then undoubtedly lost. The outsider of necessity overlooks much. This appears all the more from the example given: namely of the, from the superficial point of view, completely unintelligible association wood/dead nephew. We also saw that one thing can have several meanings for a patient at the same moment. A chair, for example, is an ordinary chair to sit on, but at the same time a beloved grandfather. Sufferers from schizophrenia certainly know the conventional meaning of certain symbols, such as a cross as the symbol of faith, an anchor as that of hope, a heart as that of love, etc. If these are found in their work, it is however in no way certain that they really wanted to indicate these concepts by them. It often appears that they attach a completely different private meaning to them. A watch must also be kept for concretisations. Parts of drawings or works as a whole can often be interpreted only in the way in which a rebus is solved. This all makes the interpretation and appreciation of a work which, after all, we do not wish to approach primarily from the aesthetic point of view, an extremely precarious undertaking. Finally a possible archetypal explanation requires from the therapeutist a very extensive knowledge of mythology in the widest sense of the word.

In connection with these considerations of the personal and collective unconscious, we must still consider the important question of the extent to which the schizophrenic process is of significance for *creativeness*. We shall here have to restrict our considerations to creativeness in the artistic field. It has repeatedly been asked whether schizophrenia can give rise to or in fact be the cause of creative work. Various opinions are diametrically opposed here. Against those who wish to answer this question in the affirmative – the illness then quite often being romanticized in an inadmissible way – is the opinion, proceeding from the experience that schizophrenia involves a disintegration of the personality, a mental regression or breakdown, that the illness does not produce anything positive. Expressive products must necessarily demonstrate the disintegration. We can, at the most, be struck by notable methods of expression in the initial stage of the illness. The patient tries to reproduce his strange experiences, his feeling of being threatened, his different position in the world, etc., this resulting in the impression that the, as yet, unrecognized sufferer is achieving greater and greater expressive power and ability. This can, however, be of short duration only. Deterioration will very rapidly appear. Various publications render this view probable on the basis of case histories of artists who became affected by the schizophrenic process and whose productivity – often after an initial rise – either rapidly ceased completely or showed a rapid qualitative deterioration until there finally remained nothing but senseless bungling. Intermediate stages include the appearance of stereotypies, the occurrence of rigid compositions and of decorative elements. Studies of the Swedish painters Hill and Josephson, Jasper's book on van Gogh, Strindberg and Hölderlin, Verbeek's thesis on Arthur Rimbaud, Westerman Holstijn's article on Vincent van Gogh – to mention but a few – describe this course of events in detail. It can, in general, be stated that if there were no artistic skill prior to the outbreak of the disease, there can be no question of the production of 'works of art' once it has begun to reveal itself.

The deterioration in the work of these patients is by no means always immediately demonstrable, certainly not in the initial stage of the illness. We quite often find patients in mental hospitals who did not paint or draw prior to their illness and who also never studied art theoretically, but who arrived spontaneously at pictorial expression apparently under the influence of the process. It is estimated that about 5% of sufferers from schizophrenia show this phenomenon. Does this mean that the schizophrenic process starts off creativeness or possibly causes it to arise?

People are today quite generally of the opinion that schizophrenia as such does not stimulate creativeness. Ability, possibly of a latent nature, and possibly also a certain degree of practice and interest must have been present prior to the illness if we are later to notice anything of artistic activities. The disintegration of the personality causes repressions to fall away. What is repressed – possibly therefore also a slumbering talent – the Unconscious or even the Collective Unconscious then appears in a more direct way within the meaning of a positive symptom of

Pl. 14 and 15 are discussed on page 159



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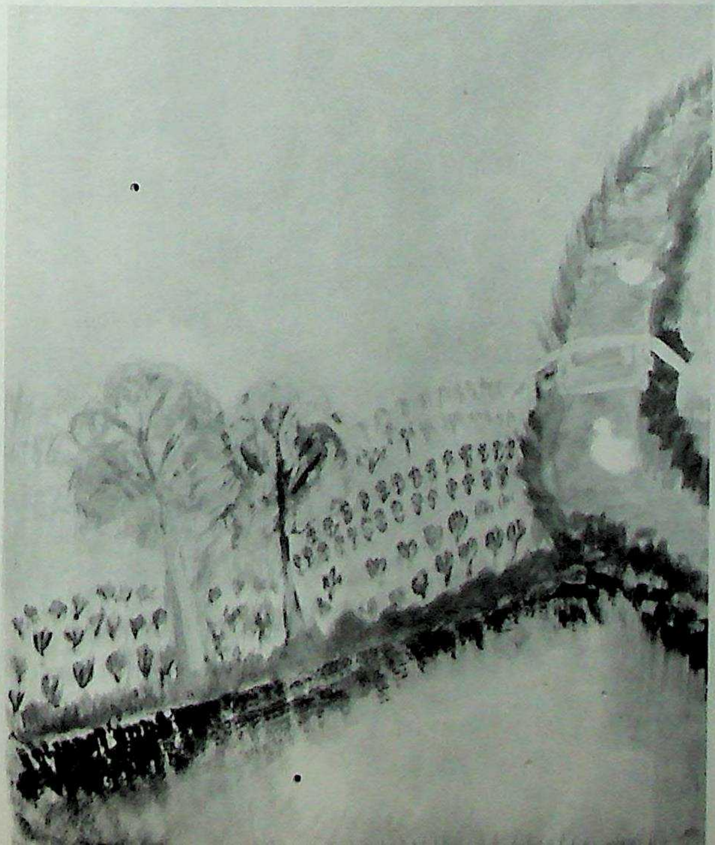

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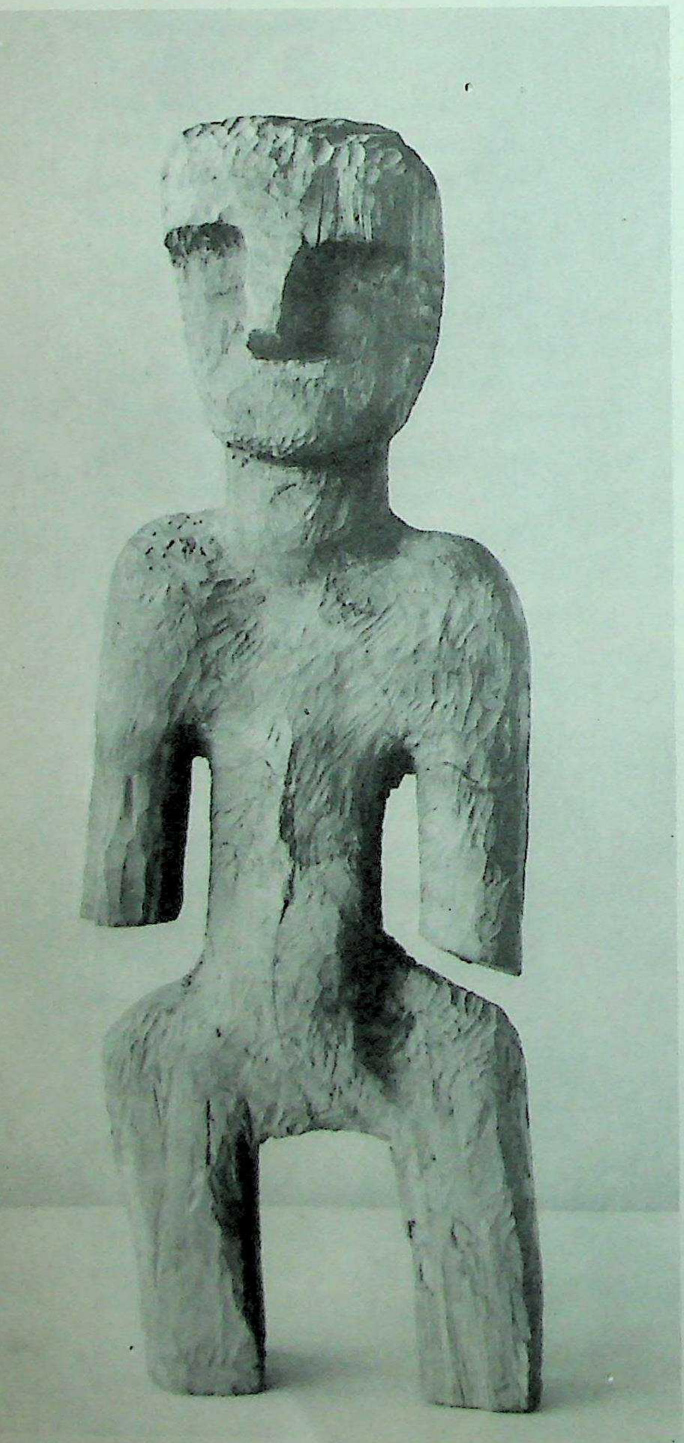

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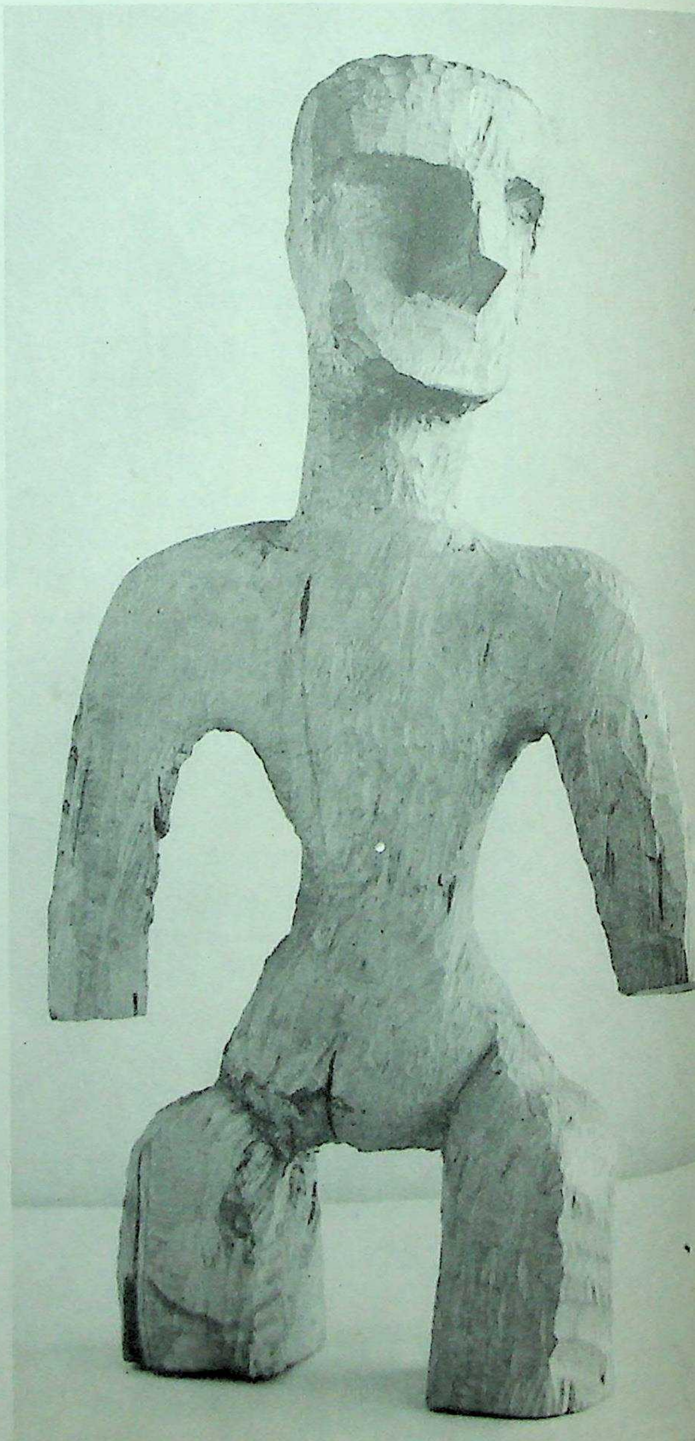

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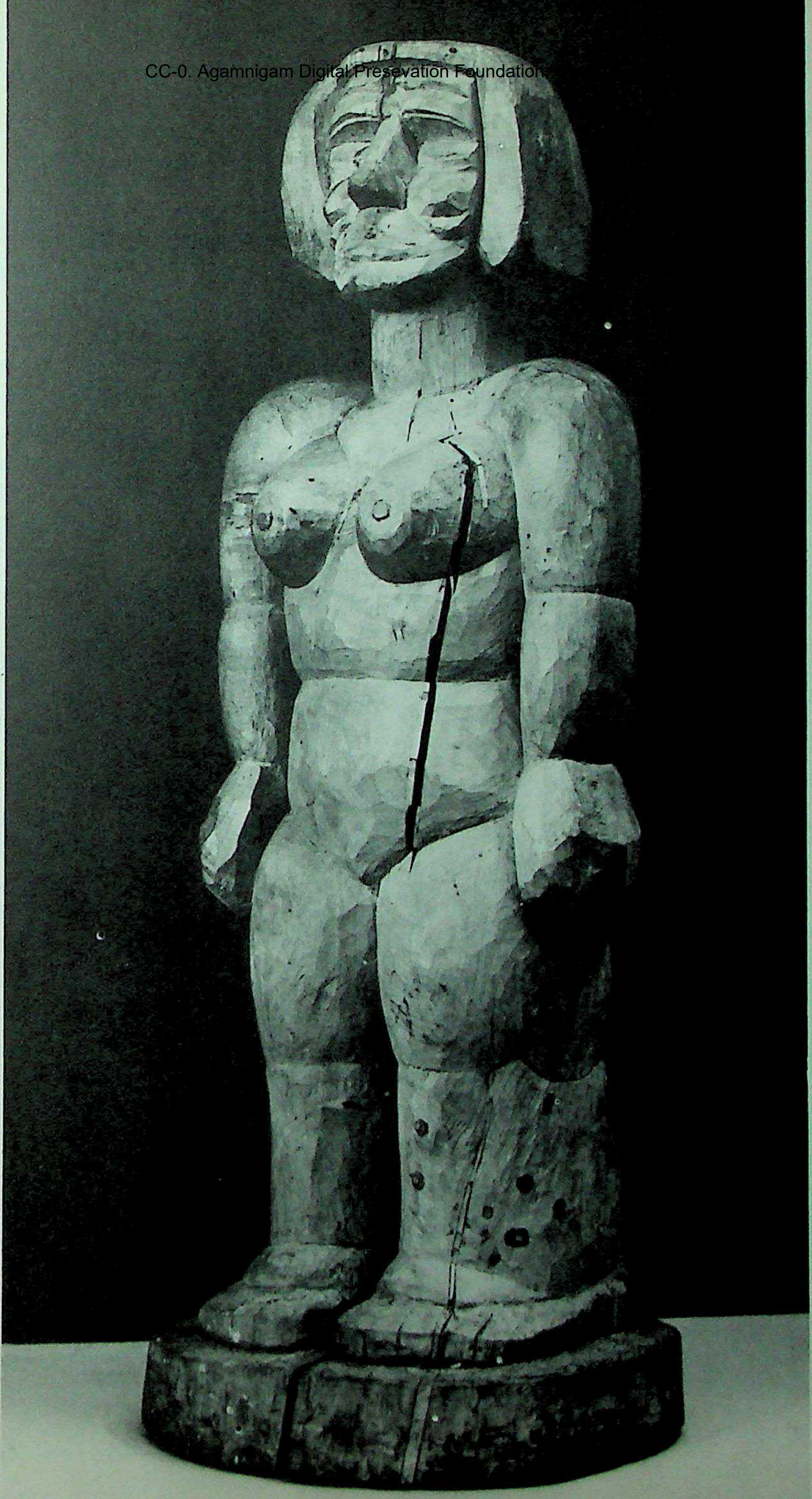

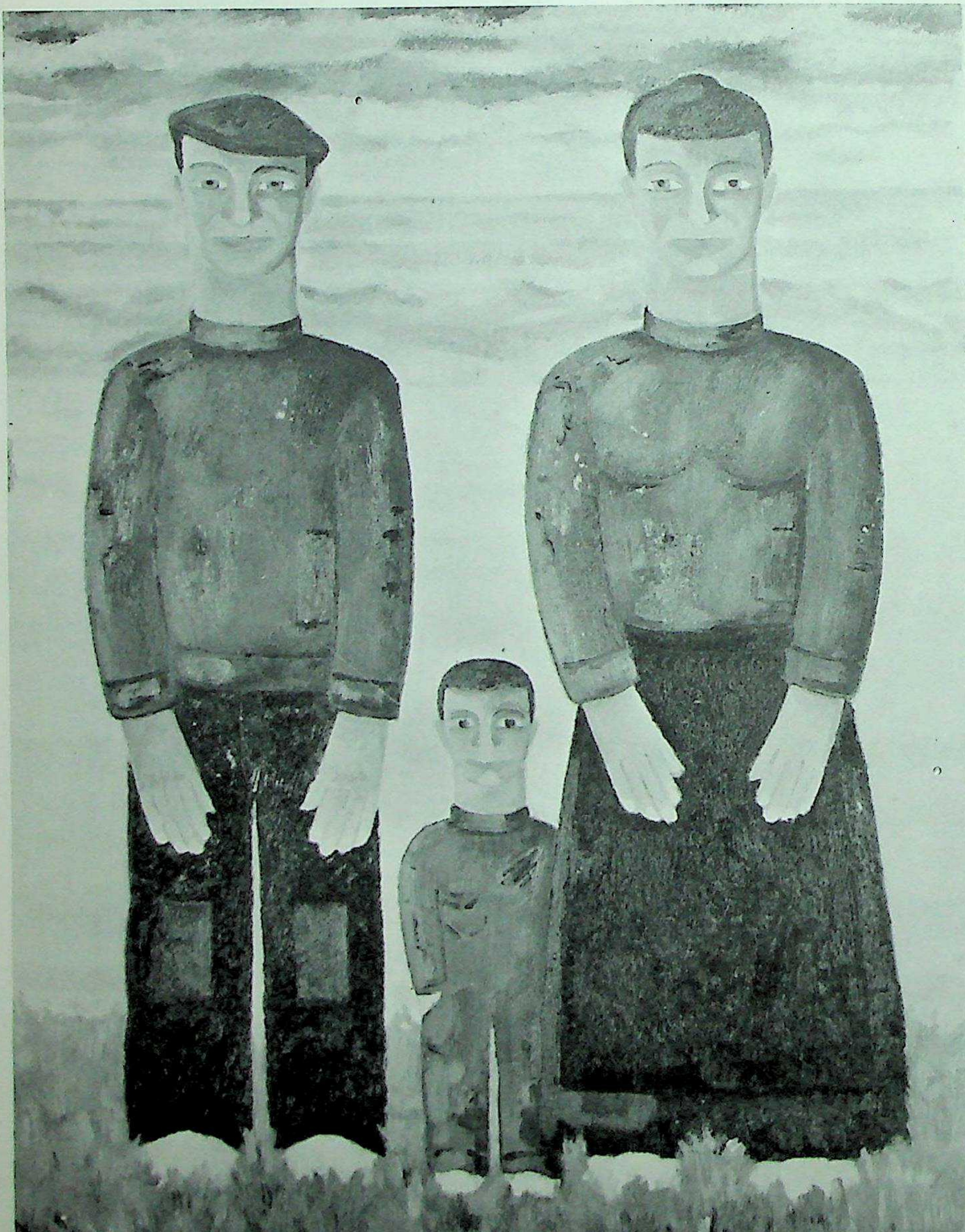
LOUIS MEHES
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Jackson. This mobilisation of the Unconscious and even more of the energies coupled to it do not cause anything new to arise, but can certainly contribute to the development of a completely new method of expression, this then giving the impression of greater creativeness.

Creative ability is by nature of course not morbid. On the contrary. If we find creative tendencies in one who is mentally ill, that proves that there are still present unscathed positive potentialities. There is no single reason for a hypothesis which seeks to couple creativeness to a state of mental disturbance. This explains why we can hardly ever decide from one work of art whether its creator was mentally ill or healthy. The well-known stories that the public at an exhibition of modern art, where the organisers had hung a few products by mentally disturbed persons between the work of normal artists, could not distinguish the 'sick' products from the 'healthy' ones are then also completely irrelevant! The work is, after all, the product of creative ability, not of the psychosis of its creator. Only when the psychosis becomes worse and the personality and creativeness are more and more affected, will the expressive work also begin to show signs of deterioration. The pathological element is then not reflected primarily in the content (this does not, after all, form part of the creative element), but in the form. For the rest, we must be an expert in this type of work if we are to be able to follow the deterioration of the creator as reflected in his work.

The scope of this study does not allow us to describe the creative process in further detail. Much in it is after all still not clear, and most publications on this subject are restricted to a description of the mental stages which the creative personality passes through before the final product – the work – appears to us, without saying very much about the nature of creative ability. This is also certainly not to be considered solely as a psychological phenomenon.

Arnold investigated the possible occurrence of creative abilities in a large number of sufferers from schizophrenia. These appeared in 53 patients out of 1,000. (Others also found about 5% of their patients inclined to one or other form of creative work). Arnold did not however describe any pictorial expressions which, according to him, occur only at a certain, already more or less advanced stage of the illness, but 'philosophemata', products of reasoning in the sense of models of an ideal society, political systems, cosmogenies, ideas of deliverance, etc., which he viewed as attempts at defence against threatening deterioration, attempts to find a new equilibrium in a changed world, in other words expressions of the regulation which a new unit of the personality seeks to accomplish. It is in fact striking that these 'philosophemeta' are of a strongly varying character and continually slide away to other systems of reasoning, as if the personality were seeking something firm. If the patient finally remains attached to one system without changing it any more, then this indicates increasing rigidity, a real defect. We can say of this that, if the patient had not become mentally ill, he would not have created such systems. To this extent we can consequently assume that schizophrenia starts off creativeness.

In his study, *Über schöpferische Leistungen im Beginn schizophrener Psychosen*, Arnold also

Plates 16, 17 and 18 are discussed on pag. 151, pl. 19 on page 168 attempts to subject the process of creativeness itself to an analysis. Certain important remarks must be mentioned here. He considers it typical of creativeness that something new appears subjectively, which is experienced in a more or less intoxicated manner by being overtaken and carried along by that new insight. Objectively, this ideal element is realised against a resistance given by the material. Biologically, he wants to express this as a raising of a specific human or inter-human function in a quantitative development jump to a higher level. Much more can, of course, be said about this. If, nevertheless, we accept these 'criteria', then it appears that we find creativeness in only a limited number of cases of sufferers from schizophrenia. Arnold found it merely at the beginning of the illness, at least if it did not begin all too acutely and violently. It then lasted a relatively short time only. He saw no really creative activity in more serious cases. The patients mentioned by him also all improved after having spent some time in the institution and all achieved a reasonable new adaptation to reality. He was also struck by the fact that their intelligence was above average, while they had also had a reasonable education at school.

Arnold says nothing more than what others have already said as regards the content of these works. Unconscious contents come to the surface as a result of the diminishing influence of the censor. He nevertheless wonders whether a certain selection takes place here, under the influence of the schizophrenic process, or whether a determining influence emanates from this process, without finding a conclusive answer. Arnold considers the formal aspect in detail. Investigators were struck a long time ago by the peculiar character of the pictorial products of schizophrenics. They spoke of a 'schizophrenic atmosphere', without being able to describe it accurately, easily falling into error in considering this field immediately as 'diseased' and, with it, also the products being laid on one side as 'morbid'. Arnold tried to specify these vague remarks and asks the questions: is it formal factors which constitute the common feature of schizophrenic products and, if so, are these formal elements specific to schizophrenia or a result of a specific change in the personality of the sufferer?

Mentioning quite arbitrarily certain formal elements, we are struck in many patients by the sudden *intensification of the 'Erlebnisfähigkeit'*, i.e. we obtain the impression that the perception of patients change qualitatively and quantitatively. Their intensity, in particular, appears to increase. Colours are seen more vividly, objects acquire a higher degree of plasticity, black-white contrasts become sharper. Representations become more lively, mobile and colourful, while feelings likewise increase in intensity. A previously unknown beauty is experienced, objects acquire unsuspected contrasts and sometimes an unbearable brightness. This is perhaps to be compared with the experiences described during the use of mescaline and lysergic acid diethylamide (L.S.D.). There nevertheless also always occur *completely new ways of experiencing.* We are suddenly struck by new combinations of things which were previously always perceived separately from one another, bizarre antinomies, things can at the same time acquire two completely divergent meanings, suddenly things and the whole world can be looked through with an unexpected clarity, the subject-object relationship can change completely, ambivalent feelings can be added. This is all remarkably fleeting, playful, film-like and fading. Apocalyptic visions, cosmogenetic fantasies, etc. alternate in rich variety. We often see here *the disappearance of the old forms of expression*. This is understandable as a result of the disintegration of the personality and of the change in experiences, which can no longer be reproduced in the old, traditional form, so that this is coupled with *the appearance of completely new ways of expression* (the intelligence playing a not unimportant role!) The person afflicted by the morbid process tries at any price to find a new form of existence and wants to make the changed world intelligible to himself again. He consequently arrives at what Arnold has called the 'philosophemata', or he tries to represent the new world more clearly by drawing or painting. Perhaps the sufferer also tries to make clear in his surroundings what he is experiencing, suffering and living through. To this extent, the fleeting and alternating element of these utterances is also of importance. Since he notices that people do not understand him, he tries again and again to express himself in a different way. There should then always be in the background an attempt to maintain a fellow-human relationship.

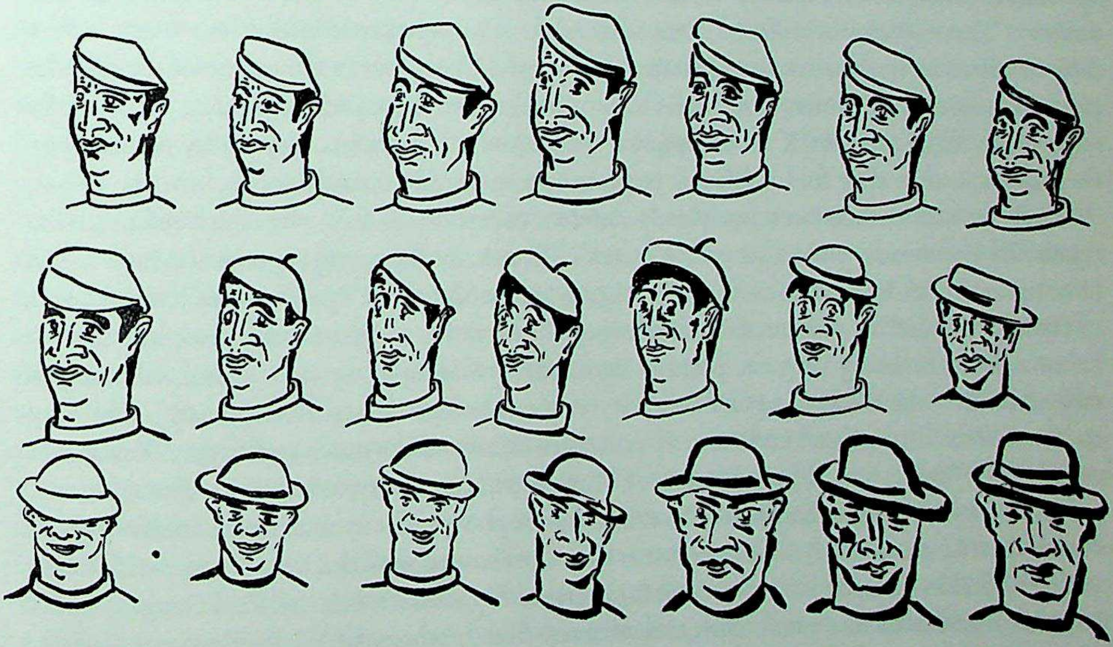
Jaspers reaches similar conclusions in his study of Vincent van Gogh whom he considers to be a sufferer from schizophrenia. The schizophrenic process alters not only a facet of man, but changes his whole personality. A completely new form of expression and a completely new style must consequently result in the case of an artist. When studying the psyche of great artists, Jaspers then requires an accurate chronology of the works produced by them (which is, in most cases, lacking!), if one wants to be able to make a well-founded judgment about a possible change in style. As far as the influence of the schizophrenic process on creativeness is concerned, he considers it necessary to have to distinguish between various types of patients. In some, we see at the beginning of the illness an increasing apathy and a reduction in activity (e.g. in Strindberg), which later resumes and can give rise to the production of important works. In others, e.g. in van Gogh and also in Hölderlin, he sees in the initial phase and in the first period of the manifestation of the illness a striking increase in activity and creativeness.

Jaspers assumes that van Gogh's illness broke out in the autumn of 1887 (strangely enough overlooking the changes in his personality which occurred much earlier). The painter left for Arles in February 1888 where there in fact began a period of feverish activity during which a large number of important works was carried out. During the period 1888–90 more paintings were carried out than in all the previous years together! This ecstatic period lasted for about two years. Van Gogh was during this phase still fairly well disciplined as far as his work was concerned. Thereafter he rapidly deteriorated. His work then becomes more monotonous, as if no further new intuitions were appearing. There is merely an embroidering on old ideas, the plasticity decreases, the tensions are no longer expressed adequately, the constructive element in his works declines and here and there completely undifferentiated smears occur. Jaspers refers to this period of mental impoverishment and uncertainty, during which the painter had his most violent affective tensions, as 'energy without content. Desperation and deprivation without expression'.

For the rest, we see in van Gogh extremely clearly what Arnold described as the falling away of old traditional forms of expression and the occurrence of completely new ones. This change becomes clear immediately after he left Paris and went to Provence. Many people will, without hesitation, consider his Provencal period as his most important aesthetically, the Dutch, Antwerp and Paris periods being merely preludes to it.

Westerman Holstijn, who collected a large amount of information which clearly shows that van Gogh showed signs of schizophrenia much earlier than in 1887 and which show a 'break' in his career as early as in 1875 (the end of the London period), likewise stresses in a fine study, *De psychologische ontwikkelingsgang van Vincent van Gogh*, the deterioration in his work after 1890. He closes his explanation typically with the words: 'We are grateful to Vincent for the many things he has given us with his work and for his ardent life and striving – we can also be grateful to him that he drew the balance just at the right time'.

The diagnosis of 'schizophrenia' is not completely certain in the case of van Gogh, although many think that it is correct. A strikingly large number of publications has appeared on this subject in the course of the years. Apart from a process psychosis, people have thought of epilepsy, dementia paralytica, episodic twilight conditions, such as described by Kleist, a degeneration psychosis, a phasic hallucinatory psychosis, a meningo-encephalitis luetica, a psychopathy, a manic-depressive psychosis, an exhaustion psychosis (in which underfeeding, excessive consumption of alcohol, the fierce sun of Provence, possible sunstroke, the mistral and also syphilis are mentioned as contributory factors), even a tumor cerebri and turpentine poisoning, not to forget the romantic idea of 'hypertrophy of creative powers' nor Riesse's idea of such a discrepancy between the passion to depict and (faulty) technical ability that passionate tensions and forces were aroused, which finally discharged in states of motor tension and ultimately in a psychosis. Kraus, who in a very fascinating and well-documented article *Vincent van Gogh en de Psychiatrie* examines critically all these diagnoses, decides on 'psychogenic attacks on a psychopathic soil'. He considers schizophrenia unlikely on the basis of the fact that Vincent is said, now and again, to have shown declines in consciousness, this nevertheless being fiercely contested by Westerman Holstijn. (No-one disputes that Vincent was completely clear in his mind when he committed suicide). He also refers to the preservation of insight into his illness, the lack of dementia and that his high degree of sensitivity to colour and atmosphere and particularly to landscapes remained uchanged. None of these characteristics can be used as a conclusive argument against the existence of schizophrenia. Vincent was, moreover, only 37 when he died. Whether all this would have been preserved if he had lived longer, remains a matter of conjecture. The assertion that Vincent's strange and unadjusted behaviour becomes understandable if we see it as a 'psychopathic intensification of the particular psychology of the artist' does not sound very convincing. It is not in any case clear what we must understand by an 'artist's psyche', even though the public at large has a vague idea about it. That idea is one of a person who is not adjusted to the normal social order, i.e. of a psychopathic personality. There certainly often exists in the case of many artists, particularly those who must be counted amongst the not so great, a lack of adjustment, particularly during their youth. There have, however, also been great figures of whom one cannot say this. Johann Sebastian Bach is the classical example of this. Clearly psychopathic traits can certainly be proved in van Gogh's personality. If we consider the details of his life, we gain the strong impression that these were largely acquired, namely as the result of the schizophrenic process.



Vincent was in addition, however, an exceptional personality, and it is strange that this important psychoplastic element is hardly ever mentioned in the psychiatric literature about him, while people wear themselves out in seeking the, often assumed, psychogenetic moments. Kretschmer made the well-known statement: 'The blossomings of schizophrenic inner life cannot be studied in peasants, kings and poets are just good enough for this'. Vincent's emotional

Drawing is discussed on page 153

life was very differentiated, although he often brought confusion into his surroundings by his strange psychaeasthetic proportion, such as, for example, appears from Theo's letter to his youngest sister, in which he wrote: 'It is as if there are two persons inside him, one marvellously gifted, fine and gentle, the other self-loving and callous'. He also had a great intelligence and a special artistic talent, considered by some to be akin to that of a genius. If such a personality is afflicted by the schizophrenic process, then the picture will, because of his special psychoplastic nature, be quite different – particularly at the start of the illness! – than if a simple agricultural labourer or a factory worker with weak talents were to fall a victim to it in late puberty. The majority of sufferers from schizophrenia in psychiatric institutions were, before their admittance, simple, not very differentiated people. They have in the course of the decades given rise, amongst doctors, to a certain idea of 'the' sufferer from schizophrenia, namely of a fairly poor, flat character. If an exceptional person, who has become psychotic, enters upon their horizon, then they find it difficult to place him and doubt their diagnosis.

Finally, we must mention a completely different complicating factor to which reference has repeatedly been made when discussing Vincent's life, namely the strong support and love which he received from his younger brother Theo. Long before Sèchehaye's publications it was known to clinical psychiatrists that intensive and loving efforts with a sufferer from schizophrenia must be considered as being of great positive significance. Sliding away into autism, blurring of emotional life, the disappearance of activity etc. can be counteracted in this way. The protection which Theo offered undoubtedly prevented Vincent from much earlier ruin. Kraus then rightly asks: 'What would have become of Vincent without this symbiosis with Theo?'

It is also by no means chance that Vincent van Gogh's psychosis manifested itself when he returned to Arles, after having been dormant for a prolonged period. Daily contact with Theo, which he had in Paris, no longer occurred. His friendship with the beloved Paul Gauguin ended in a fiasco and after the break with this admired friend, whom he finally threatened with a razor, van Gogh slipped into an acute psychotic state in which he mutilated himself amongst other things. Pierre Maurois wonders whether Theo's engagement and marriage – which occurred while Vincent was living at Arles – together with the loss of love mentioned above might not have finally driven Vincent to his death.

The subjects which broke through during van Gogh's psychotic phase (such as, for example, the cutting off of his left ear-lobe) are naturally of secondary importance only. Various psychoanalytical studies have been devoted to this, resulting in their importance becoming clear. This does not, however, in any way justify an explanation of the psychosis via a psychogenesis. A purely psychogenetic explanation fails. The diagnosis of 'psychogenic attacks' is no more satisfactory than the many diagnoses we have mentioned. We have already pointed out on certain occasions that the understanding of the contents of a psychotic picture is something quite different from understanding the nature of the illness. If one should, for example, place the cutting off of an ear-lobe on a par with the much earlier offering of a watch and two gloves in the collection plate in church, which should be regarded as symbolic auto-castration, then this would be correct as far as the content of the phenomena is concenred; its occurence remains unexplained if we wish merely to recognize psychogenetic moments. 'The finding of intelligible relationships' is, in principle, different from 'empathy', something that Rümke has pointed out repeatedly. These actions cannot be felt into and are also basically unintelligible.

The fact that the contents of van Gogh's work, namely the situations, portraits, still-lifes, landscapes etc. which they reproduced, contain no abnormal elements, does not militate against a process psychosis. He does not appear to have portrayed hallucinations and other morbid experiences, although one could ask whether the distorted cypresses, peculiar stars, etc. should not be construed as such, which is, in any case, not likely. Such pathological expressions are however very frequently lacking in the artistic work of patients in whom the diagnosis 'schizophrenia' is firmly established.

Attention has certainly been drawn from various sides to the phenomenon of ominous formal characteristics in van Gogh's paintings. Scherjon and de Gruyter have devoted a detailed study to this point. They consider they can see stereotypies in various of his later works. They see these for the first time in the portraits of the postman Roulin, which were painted shortly after the first 'crisis' in Arles. They occur in the form of peculiar wavy and crooked lines in the man's beard in the painting. They later see them in some backgrounds to portraits and self-portraits, although they disappear again and again, so that Kraus prefers to explain them as an expression of weariness and tiredness. Doiteau and Leroy point to a tendency to give unnecessarily detailed treatment in works painted straight after an 'attack' (for example in the well-known 'Hospital Garden' in St. Rémy). We shall later return to the significance of these formal changes, when discussing systematically the artistic products of sufferers from schizophrenia.

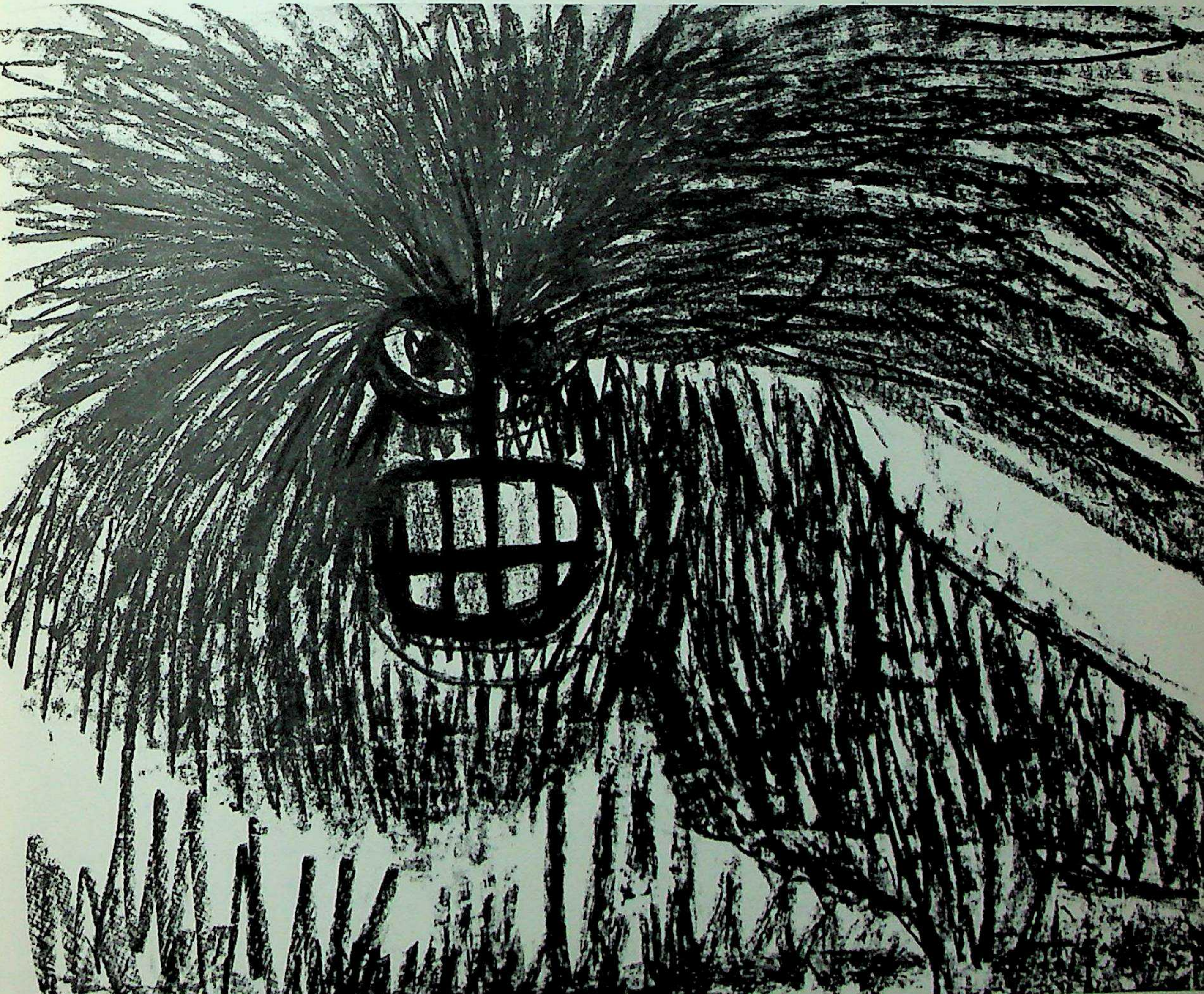
Opinions nevertheless differ greatly concerning a change in style in the pathological sense in van Gogh's case, which would consequently contain an impoverishment, this of course being connected with a very differing aesthetic appreciation of his last works. Be this as it may, even if a change in style in the unfavourable sense is assumed, we cannot draw any conclusions concerning the nature of the psychosis from which he was suffering. Most of those who have written about van Gogh, particularly if they approach him from the aesthetic side, see in the transition from one style to the other (Dutch, Antwerp, Paris, Provencal period) an intellectual growth, an ever increasing consciousness of artistic genius, and they desire, therefore, to interpret these changes in a completely normal way as being, in principle, nothing other than what would be observed in the course of the years in the work of so many thoroughly 'normal' artists.

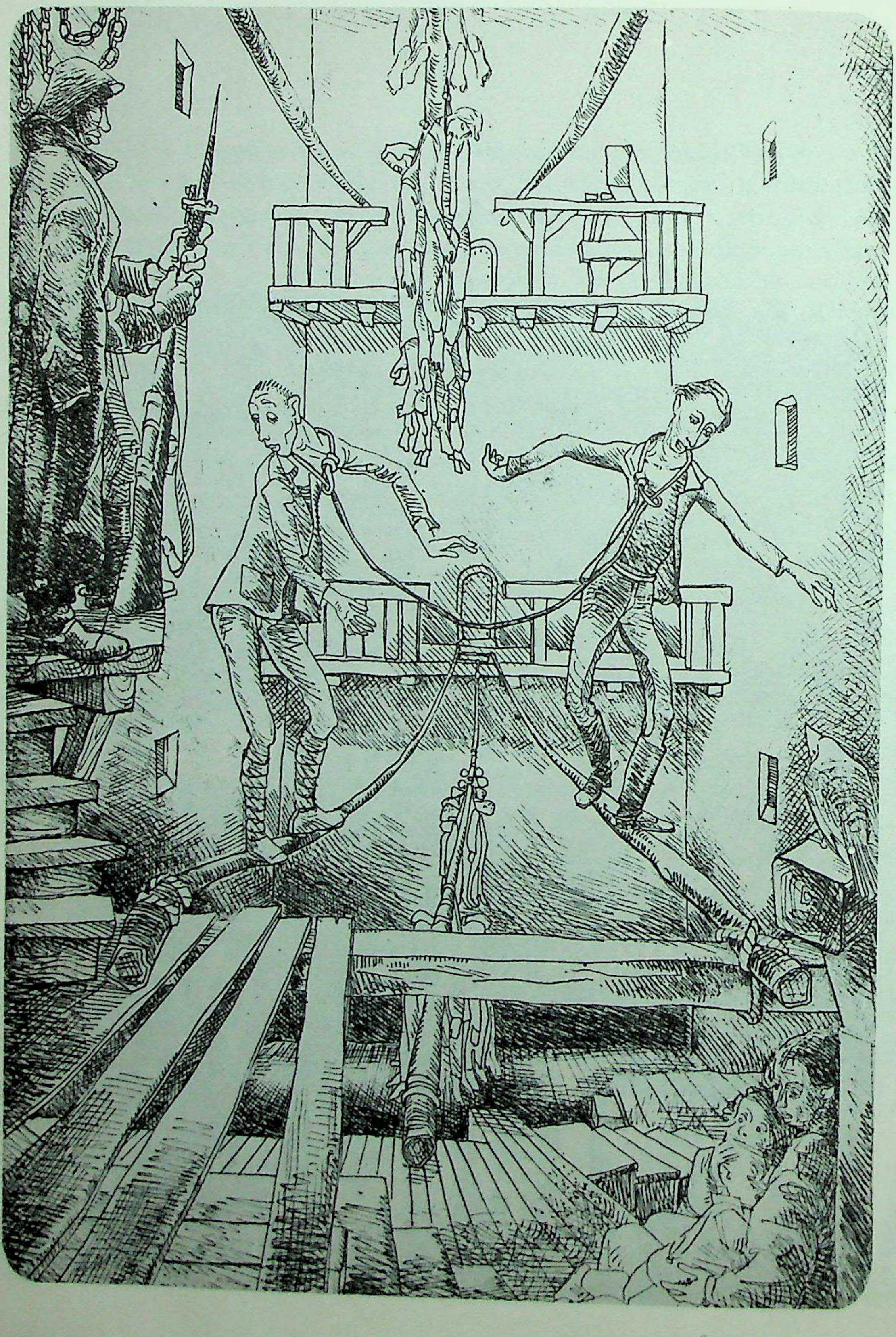
Although it is completely correct when Kraus says that in the case of Vincent van Gogh 'it is not very much more than a sportsmanlike activity to make a diagnosis, the success and purpose of which become more and more problematical the better one knows Vincent', and also that it in no way affects the value of the work, taken as a whole, whether an artist suffered or not from a schizophrenic process, we have considered van Gogh a little more closely here because he was a highly gifted artist in whose case one must come to the diagnosis 'schizophrenia'. This diagnosis results after having once again surveyed critically the available data. Mention has not been made of the fact that Vincent's youngest sister was certainly suffering from schizophrenia for which she had to be tended for thirty-eight years in a mental hospital. It is clear enough that many questions remain unanswered when studying this great figure. Strangely enough, nobody has dared assert that the psychosis was the cause of his artistic genius. Many people have of course referred to the influence of the illness on his work, reference being made both to a positive and a negative effect.

After these considerations of van Gogh, it is unnecessary to discuss other artistic figures who developed a process psychosis. Those whom we have been able to observe ourselves – certain of whom will be discussed – showed either an intensification of activity at the beginning of their illness or rapidly stopped working. Changes in style were sometimes observed, not always however in a negative sense.

Finally, we must also mention briefly the *neuro-psychiatric approach* to the artistic productions of schizophrenics introduced by Reitman. Here an attempt is made to ascertain what neurological or neuro-physiological disturbances can be held responsible for elements in their work which deviate from the normal. This investigation has been restricted to sufferers from schizophrenia. Reitman started in his examination from the assumption that there is in schizophrenics a typical disturbance in the 'body scheme'. He thus linked himself with the investigations of Schilder who considered that these changes occur principally in modifications of the structure of the cerebral cortex in the temporal region. Reitman treats this subject in detail in his book *Psychotic Art*.

Pl. 20 is discussed on page 170





Painting as theraphy

Apart from purely scientific interest, patients are for various reasons at present allowed to express themselves in many psychiatric institutions by means of drawing, painting, modelling and the like. Creative therapy may in the first place be used as *occupational therapy*. This is sometimes considered as being of little importance, but this is an incorrect estimation. At the moment, it plays not only a large part in psychiatric institutions, but also in sanatoria and hospitals. After all, it distracts the patient from his illness and conserves what is healthy in him. It prevents idleness and boredom, this being of the greatest importance for the atmosphere in a ward. It activates and causes energy to be dissipated in a normal way. It can possibly arouse a communal spirit if carried out by a group. It can give the patient the feeling of still being capable of doing something, this strengthening his self-respect and self-confidence. It can even have a favourable influence on the state of his bodily health. Finally, painting and drawing are fine hobbies which give satisfaction to those indulging in them. We are struck by the fact that quite a few patients who never previously drew, but who did begin to in an institution, continue with it after their discharge, some even taking lessons in order to become more proficient. This can, of course, serve to enrich their lives considerably.

Art therapy can also be used for purposes of *diagnosis*. This does not apply so much to the general diagnosis of the aspects of the case, since diagnosis is based on quite different grounds than artistic products as will have become apparent from the description of symptomatology. This type of therapy does, however, play a certain, even if modest, part in the psychologist's testing equipment. The content of drawings and paintings can, with careful study, nevertheless certainly constitute an aid to the earlier discovery of the problems which the patient finds it difficult to put into words. This applies principally to neurotic patients. It is, in fact, striking that with this group the very first drawings bring the basic problem to light, often in an almost open way.

By allowing the patient to draw or paint regularly, it is often possible to follow the *course of the illness*. Improvement and deterioration are often clearly reflected in such work. The clearing up of a depression or of a tensional state of anxiety or progressive sinking away therein, gradual deterioration in a process psychosis and the like are often illustrated convincingly in a patient's work. Important in this respect is Vaessen's thesis on the mental aspects of *Insulin coma therapy*, which he illustrates, inter alia, from pictorial expressive work carried out by

Plate 21 is discussed on page 171

patients during their cure. He also considers the therapautic value of painting and drawing and the importance which the products appear to have in many cases for making a prognosis.

Reference has often been made to the *cathartic significance* of art therapy, obviously mainly from the psycho-analytical side. Emotions are released in artistic works and this can have a satisfying effect. This form of therapy can often have a favourable influence on cases of anxiety hysteria. Margaret Naumburg, who set out this aspect of art therapy in detail, is somewhat simple in her description when she states that a patient appears to have overcome a 'complex' if he or she has expressed it as a picture. We can have doubts about cause and effect here. Does the patient improve because he has released his tension in drawings and the like, or is the fact that he can express these tensions in pictures already proof that his mental condition is improving?

Painting and drawing therapy undoubtedly has its use in the *psychotherapeutic* situation. It can even be of great importance, particularly with patients who express themselves poorly in words and who are more visually adjusted. Spontaneously produced drawings can then be treated completely as 'free associations' in analysis, or can be used as the starting-point for associations. The relating of a dream can transform considerably the original material as a result of secondary elaboration. Having to describe in detail a visually perceived image makes that inevitable. By now not describing the visual image by means of words, but reproducing it directly, as it were 'drawing a copy of it', falsifications and secondary elaborations are prevented. It is also by no means rare that the patient slowly learns to express himself better, even in words, through drawing inner problems and dreams, etc., which he initially found difficult to put into words. He acquires practice in his capacity to express. The opposite is, however, also possible. It is not uncommon initially for the patient to refuse the invitation to reproduce his problems in a picture, although he will in the course of psychotherapy arrive at pictorial expression. It is certainly not impossible that painting and drawing should arouse and stimulate dormant creativeness, this being an extremely important element in treatment.

The literature on this subject has become very large in recent decades. We have already mentioned Reitman, E. Cunningham Dax, Robertson, Naumburg and others. Interest in this form of non-verbal therapy has been great in the Netherlands. Reference must be made to the publications by Mrs. van der Horst-Oosterhuis; to the book by van der Drift, *Beknopte leidraad bij de toepassing van spel-therapie, culturele therapie en bewegingstherapie*, which describes in small compass a large number of important basic principles; to the short, yet very valuable article by Endtz, *Schildertherapie bij schizophrenen*, in which he, as the first in the Netherlands to use drawing and painting therapy systematically in a psychiatric hospital ('Stichting Rosenburg', Loosduinen), tells of his experiences; and to the various publications by Vaessen.

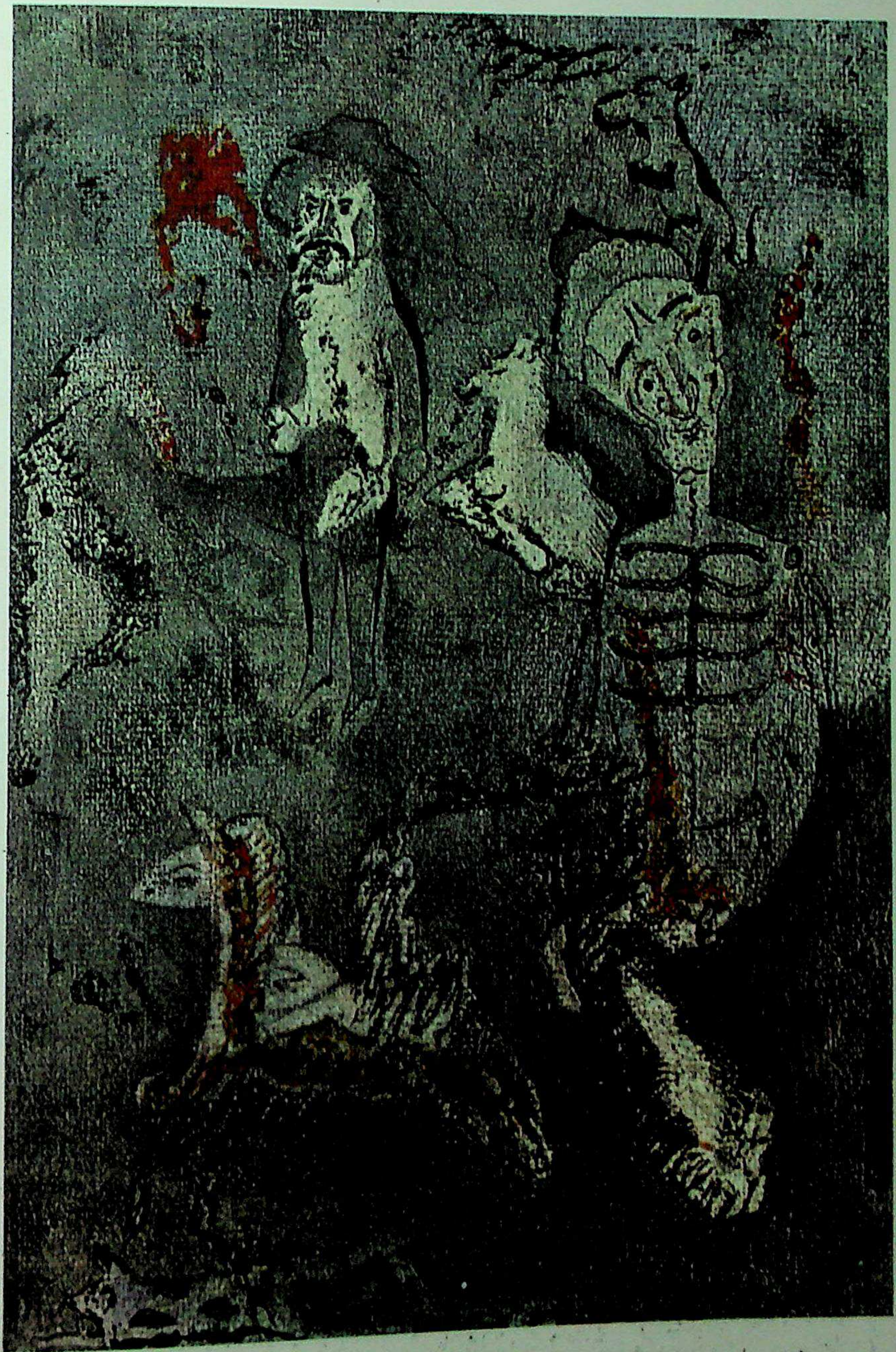
The nature of the material used for the work can be of importance. In general, poster colours, water colours, chalk (and wax crayon), charcoal, Indian ink and pencil are used. Clay is most frequently used for plastic work, but sometimes also wood. Working with a hard material gives a greater possibility for male identifications which can be important, particularly for certain developmental disturbances. Soft materials can sometimes exert a favourable influence with certain men, who are struggling with the male persona-feminine anima complex, through the possibility of feminine identifications which are initially violently repelled. 'Non-genuine', hysterical patients are allowed to work with 'genuine' material, according to 'genuine' techniques, attention having to be paid to pure designing and the like (van der Drift).

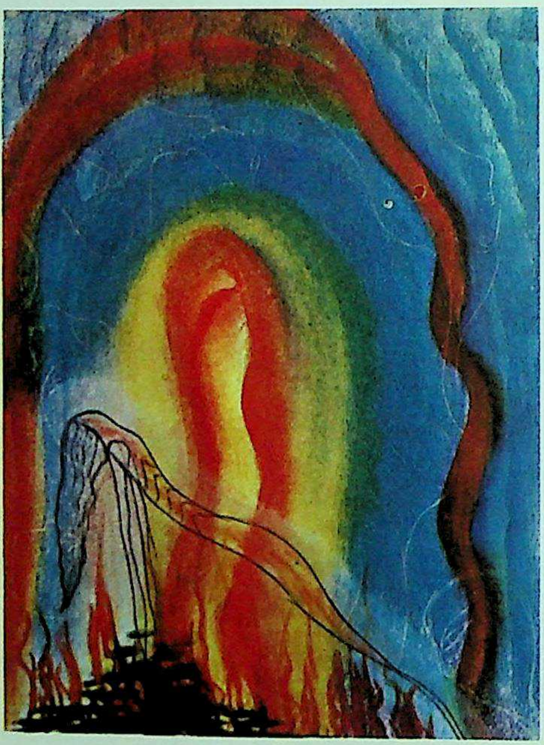
Matters must not, however, be represented too simply. To influence favourably assumed depressive patients by letting them work with light colours, possibly letting them hear joyful music, suggests sympathetic magic. If a mentally healthy person who feels depressed for a moment arrives again at a more cheerful state of mind by playing a rondo by Mozart or a gavotte by Bach, this cannot be applied directly to a depressed patient who is, for example, suffering from an endogenic melancholy. The reaction of the normal person to a given stimulus in the external world is, in principle, different from that of the mentally disturbed person who, after all, lives in a completely different world and represents a completely different mode of being. Thus, Cunningham Dax has explained in detail how unpredictable is the influence of music on psychotic patients. When he played them the Overture to Mendelssohn's 'A Midsummer Night's Dream', with its gossamer-like elves' dances and clear, harmonious structure, 13 out of 17 patients received a depressing and even frightening impression. They heard in it a murder, a suicide, a war scene, a ship in a storm, a robbery, a train disaster, a black cloud over the sun, a black sky, a dragonfly burning its wings in a fire, a black figure and angels, and a tree with its leaves being blown away. These are, in general, associations which a normal person would not make in a hurry. (For the rest, this result can of course be used diagnostically, if need be as a sort of 'acoustic Rorschach test' as Rümke described it.)

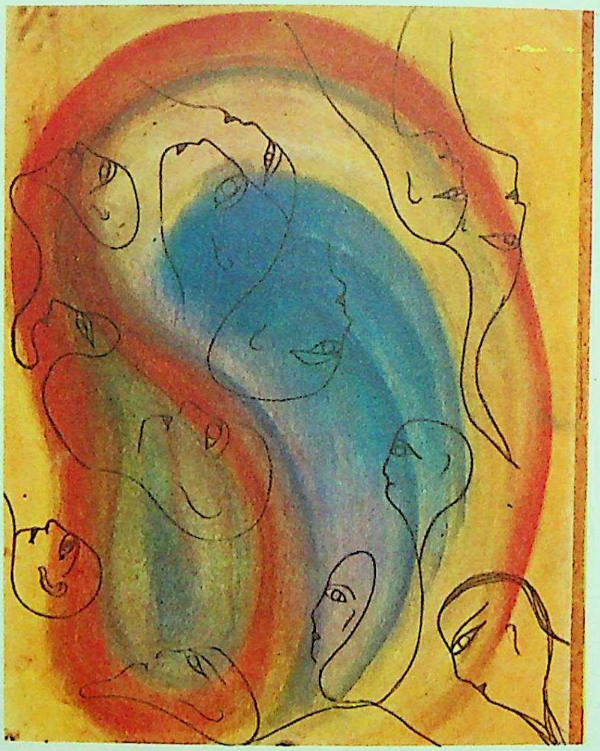
It is certainly striking that many scientifically trained people who think critically and clearly when it is a question of intellectual matters appear to be hopeless romantics in the field of art. This is often particularly so in the field of music. In spite of obvious proof to the contrary, music is still regarded by the general public as being the direct expression of the emotions of the composer who is then said to work inductively on the state of mind of his listeners. Psychiatrists also fall into this error. It is understandable that they are particularly interested by the content of a work of art. The problem of form unfortunately appeals only slightly to them, so that they all too easily overlook it. We are struck here by the fact that psychiatric interest is directed far more to literary products, the content of a novel not being difficult to analyse, than to paintings and sculptures, let alone music. As far as the pictorial or plastic arts are concerned, the psychiatrist nevertheless tends to direct his attention primarily to the content, to the 'picture', as the artist remarks contemptuously. This is, of course, obvious where it is a question of art therapy. After all, he does not have to judge the product made by the patient primarily from the aesthetic point of view, most products he sees also being completely unsuited for this. He also knows that art therapy must not degenerate into 'art businesses'. The interpretations of unconscious tendencies and ambitions which he recognizes in the work and which have nothing to do with aesthetics automatically force themselves on him. He likewise does not judge dream material aesthetically, such as he would do a novel which he reads for his own pleasure and not as a 'mental product'. Such an attitude is, however, incorrect where it concerns real art, and most publications written by psychiatrists about artistic products are also, unfortunately, completely irrelevant.

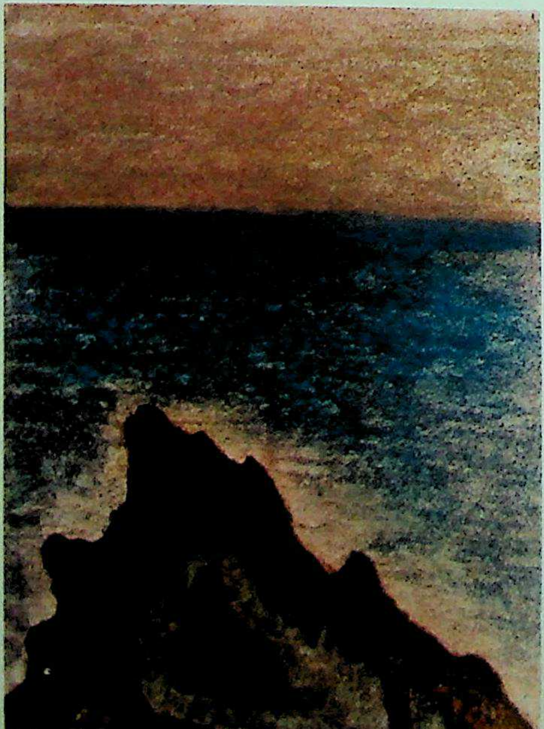
Finally, painting and drawing therapy can also be used *completely therapeutically* – non-cathartically – in the case of sufferers from schizophrenia, as part of the now very widely spread 'more active therapy' introduced into Western Europe after World War I by Hermann Simon. This seems strange at first. After all, painting and drawing form a more or less autistic activity. Anyone who has ever seen a painter or sculptor at work in his studio can confirm that interference from without can be experienced by the artist as being extremely annoying. If a schizophrenic patient is allowed to work freely, he will become even more submerged in his morbid thoughts and turn even more from reality, become more involved in his delusions and even more directed to his hallucinations. Working freely can certainly intensify autism, while the intention of more active therapy is precisely to break through this, to give the patient more communal sense, to make him aware again of his responsibility towards his surroundings. It is then reasonable to direct his attention again to the external world by allowing him to copy in his drawing or painting something from reality, such as a still-life, a flower piece, possibly a portrait, or to allow him to produce a landscape in the open. Although the character of the resultant products is far less 'interesting' than if the patient is allowed to go his own way, at least if this form of therapy 'takes' and can be continued for a period, its therapeutic value must be permitted to outweigh the scientific and theoretical value of the work. Moreover, free expression, namely allowing the patient to be carried along by the stream of his affects, without mastering them by a disciplining, formative authority, has no purpose in the case of the sufferer from schizophrenia. It can, on the contrary, have a further disintegrating effect. True creativeness – which should not be confused with free expression, as happens so often – is always formative and has an integrating effect. If it is desired to use painting, drawing, sculpture, dancing, etc. as therapeutic aids for schizophrenics, then it is important not to choose any disconnected, free method. Romantic views that an affective outburst should be beneficial are incorrect. Free expressive dances, 'action painting', etc. can only have a negative effect with schizophrenics. We should therefore choose 'classical' methods of working, a technique which regulates, provides rules, indicates a course, causes equilibrium to be formed. Accent should therefore also be laid on obtaining a certain manual dexterity. Regulation and integration are stimulated in this way. Finally, one should try to direct the attention of the patient again to the external world. Artistic

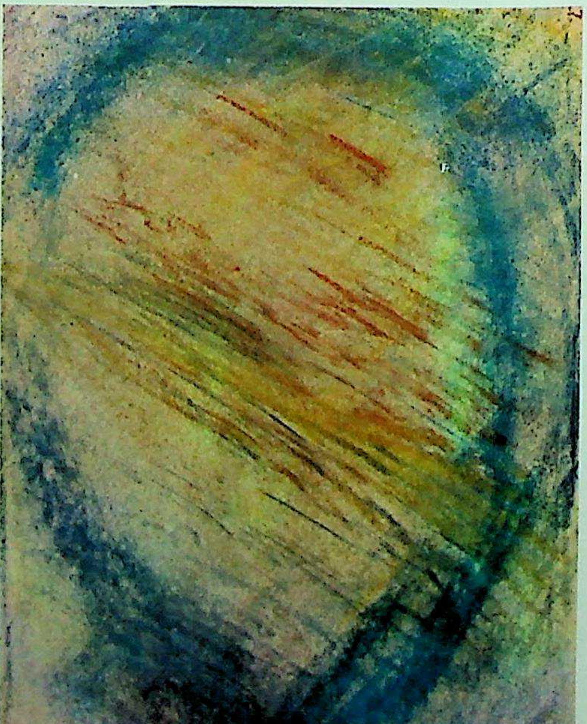
Pl. 22 is discussed on page 170, plate 23 on page 185

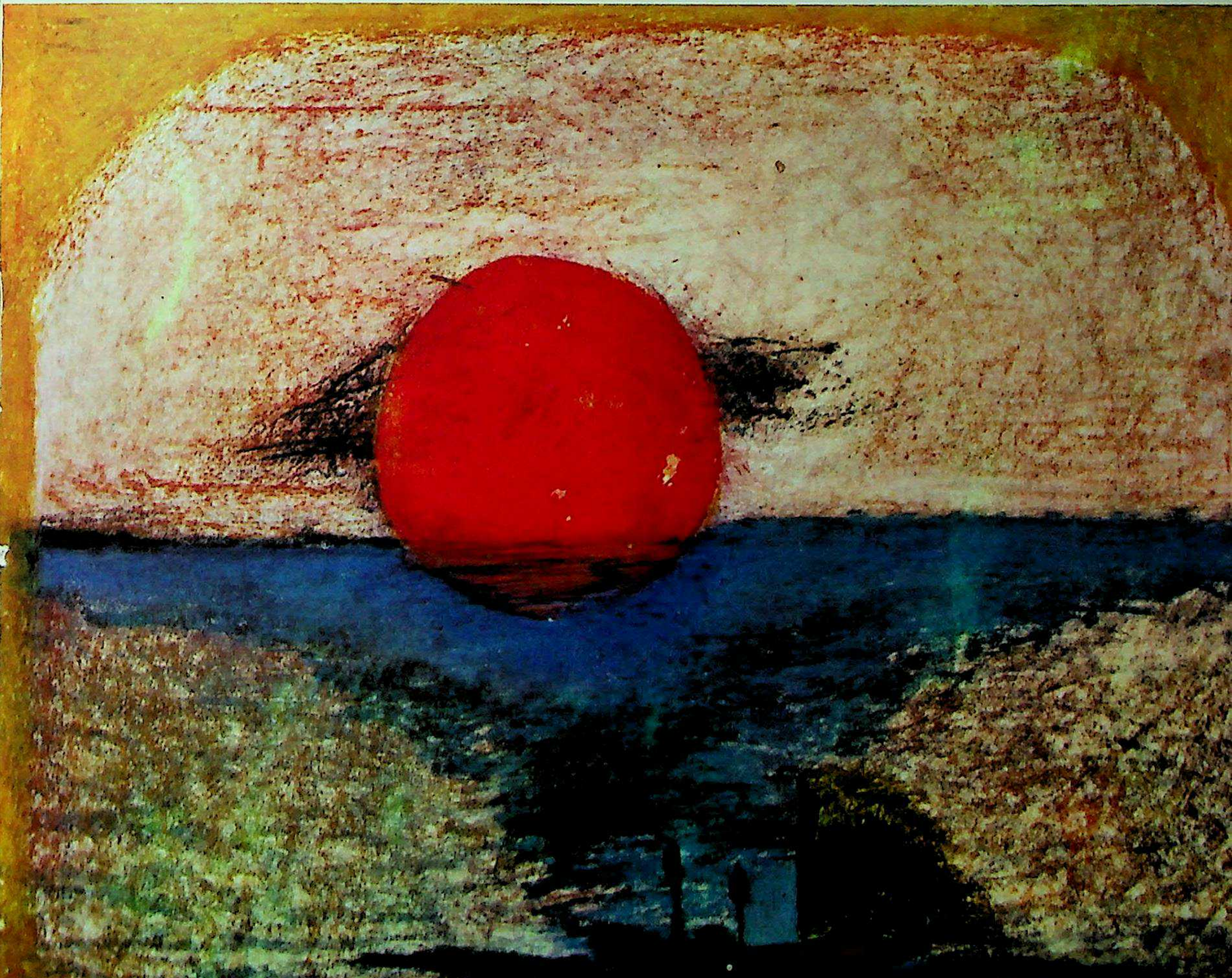


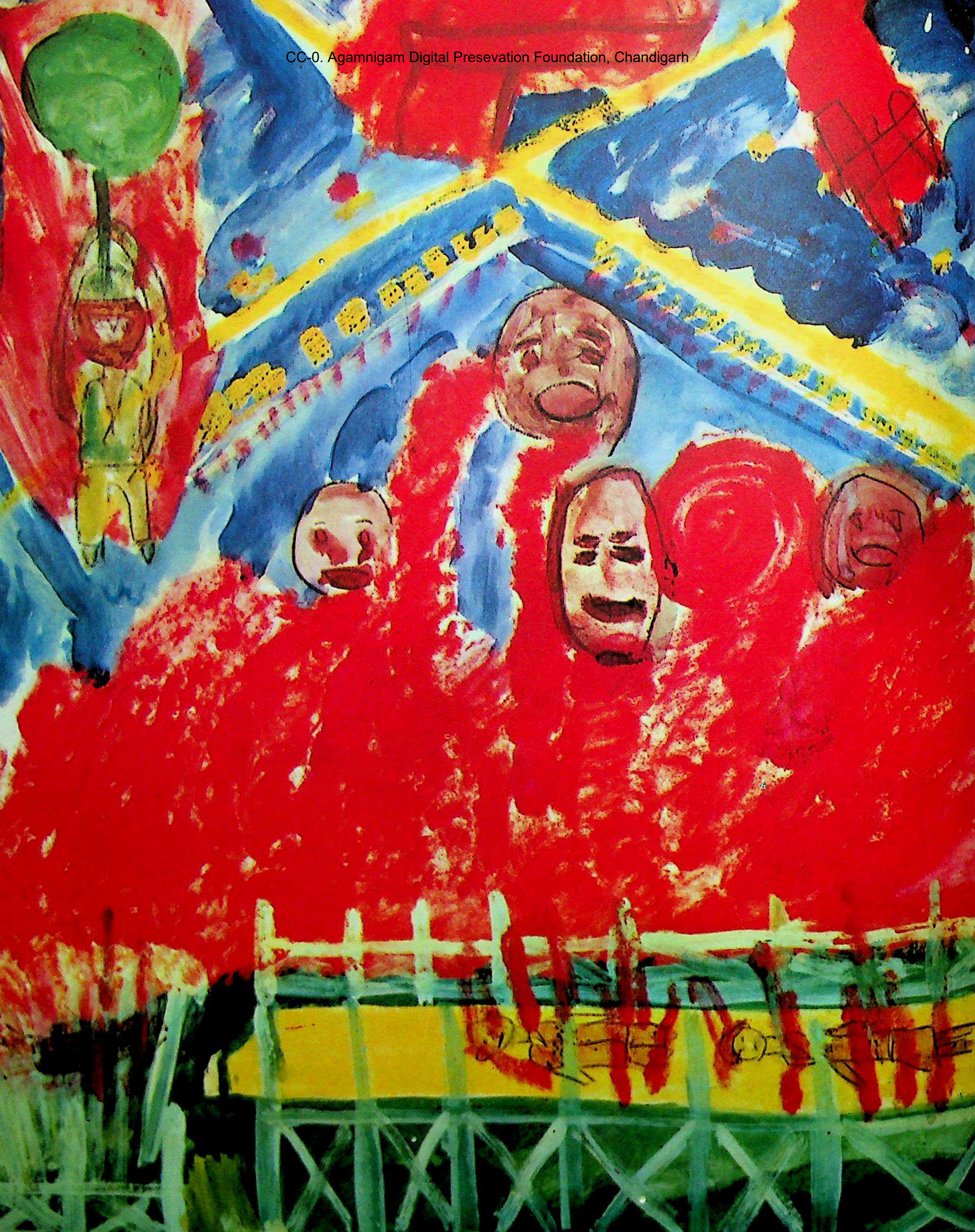












therapy certainly has a place as an aid to other forms of therapy, such as work therapy, exercise and relaxational therapy and possible psychotherapy, either individually or in a group.

The fact that so far it has been possible to draw only a few and, even then, very uncertain conclusions from the therapeutic aspects of drawing and painting is largely because no standard situations have been introduced. This is a difficult question. Much depends on the leader who must be an artist and, at the same time, sensible enough not to force his own personality on the patients. He must also have a good understanding of them and be able to get on with them. The requirement made at one time, namely that the leader himself must be analysed or must be conversant with clinical psychiatry, is going too far. It is also a danger if he should place himself in a biassed manner on the side of one particular psychological movement. It has often been stated sarcastically that patients in a Freudian analysis produce only Freudian dreams in which sexual symbolism plays a large part, while those who are being treated by an adherent of complex psychology fill their dreams with anima figures, shadows and all sorts of archetypal symbols. The analyst's personality and his manner of working are never completely objective. A similar phenomenon would certainly also occur by the appointment of an artist-therapy leader who was a biassed adherent of any one school. Particularly if it is desired to study the products of the mentally ill objectively, it is necessary to guard against any 'idée préconçue' and to preserve an open mind towards everything.

A standardisation of equipment is important, such as what paint is used, what colours are placed on the palette, what sort of brushes, as regards thickness and quality, the patient uses. The dimensions of the paper are also important. These elements also play a part in the case of mentally normal people. A certain medium is more suitable for this, another for that exercise. As far as the use of colour is concerned, we should be very careful about considering symbolic indications too quickly. Statements such as: violet is typical of schizophrenics, blue indicates supra-social tendencies, green and yellow indicate growth, nature and new life; red indicates aggressiveness or sexuality and the like, are probably quite incorrect because of their generality. Westerman Holstijn pointed to the very special role which the colour yellow played in the work of Vincent van Gogh, which most probably symbolized 'motherliness'. Schneider wrote about the peculiar blue-green colour in the early works of Marc Chagall, which he associated with particular childhood memories of the painter. These meanings are individual only, applying solely to one given personality. Another person will perhaps attach a completely different significance to the same colour, while the meaning can be different for the same individual in various phases of his life or even in various moods. We should beware of generalisations.

Certain features do occur fairly generally. For example, depressive patients use, at least if their state does not prevent them from doing anything, by preference dull, dark colours, which are particularly striking in the upper half of their paintings. Manics prefer to use bright colours and also tend to make a mess and smear. Epileptics are in general pedantically accurate, lose

Pl. 24 and 25 are discussed on page 185

themselves in details and the like. No generally typical characteristics can be given for schizophrenics. All investigators who have considered their work in a responsible manner come to the conclusion that neither subject, nor workmanship, stroke, lineation, composition, nor use of colour, etc. can be considered as being pathognomonic. Kaas was the first in the Netherlands to uphold this view in his thesis, *Een vergelijkend onderzoek naar de beeldende kunst van gezonden en geesteszieken*. In this way he linked himself closely with Prinzhorn. The diagnosis of schizophrenia can never be made with certainty from one example of work only. It will nevertheless be seen that this can be done with fairly high probability if we have a large number of works by the same patient. Even then, we should, however, be reticent in drawing conclusions. Assertions that Henri Rousseau *le Douanier* was a defective schizophrenic because his paintings show this or that characteristic, or that Goya suffered from a manic-depressive psychosis, which is said to appear from his work, cannot be allowed. If we make these assertions, then we must not do so on the basis of their art, but, rightly or wrongly, on the basis of quite different data. It would be possible, particularly in the case of so-called modern art, to say all manner of things about the state of mind of the artist!

Finally, a warning must be given about drawing conclusions about the therapeutic value of art therapy from statements by discharged patients. One repeatedly hears them say that they owe their improvement or recovery completely to painting or drawing therapy (see, for example, the works of M. Naumburg!). These assertions must be listened to with the greatest reserve. A very definite therapeutic climate prevails in a psychiatric clinic or institution. The patient is treated therapeutically in so many different ways, certainly not only by the psycho-therapeutist! These include his environment, other patients, the nursing staff, the prevailing orderliness, work, exercises, sport, relaxation, possibly drugs, etc. It is very difficult to decide which of these factors is the deciding one. They can in fact not be separated from one another.

Summarising, it must be recognized that there can scarcely yet be any question of purposeful art therapy, since it is still in its initial stages. For the present we can only work descriptively, collect and exchange data. It is impossible to draw far-reaching conclusions. It is certainly expected that this form of therapy *can* exert a favourable influence on the mental condition of the patient, on his mood, his attitude towards reality and his own self, perhaps even to his illness and that it will, as a part of general more active therapy, consequently be able to make its contribution to the treatment of those who are mentally disturbed.

The pictorial work

Now that we come to discuss and analyse the individual drawings and paintings made by sufferers from schizophrenia and try to introduce some order into the virtually chaotic variety of the works confronting us, it will be necessary to make a choice from one of the methods of approach referred to. Although these can be kept separate in theory, they must in practice impinge on one another again and again and more or less overlap.

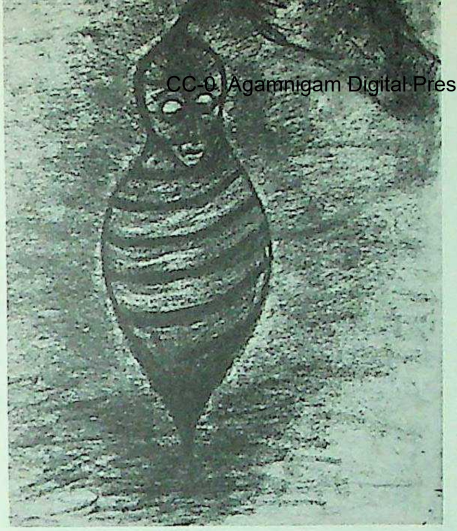
Having discussed in detail the clinical aspects of schizophrenia, we shall see that many of the phenomena mentioned there also occur in the expressive work of patients. The gravity of the process can be gathered from many drawings, although this is not always the case. We shall therefore bear in mind a *clinical* approach and shall try, above all, to see whether there are characteristics in the drawings, etc. which are really to be considered typical of a process psychosis, that is to say which cannot be found in other psychotic conditions. It should be pointed out at this stage that this is by no means an easy task. We must work very critically if we are not to draw any rash conclusions.

Psychological considerations can also not be neglected. There are in the specialised literature many publications, particularly from the field of depth psychology (psycho-analytical and complex psychological), concerned solely with an analysis of the content of drawings and paintings. We have nevertheless seen that this is not really an artistic method of approach. At the most, we can speak of a literary manner of treatment. The representation, the situation reproduced is then discussed in detail and compared with data in the creator's life, such as memories, present situation, personality structure and the like. What is symbolised in the work, namely personal memories, experiences, ambitions, tendencies, wishes, passions, etc. cannot however be typical of schizophrenia. The study of normal works of art, of dreams and fantasies of mentally normal persons, of neurotic and psychotic phenomena in patients, has revealed that the unconscious part of the personality is far less typical of the individual than the conscious part, at least if we wish to see the person as a unique and unrepeatable being. There are, of course, differences if we compare the unconscious of one person with that of another. The experiences and elements of complexes repressed there are strictly individual. The passions, tendencies, ambitions of a sexual and aggressive nature are in essence however the same for all people, although there are quantitative differences. If we therefore approach a person from the side of the unconscious, then much that is characteristic of him is lost, and we see only these quantities as comparative material with others. We illustrated this briefly on the basis of certain remarks concerning a study of Dostoevsky. Depth psychology has undoubtedly brought very important things to light from the depths of the human soul and has considerably enriched our knowledge of psychology and psychiatry. It has not, however, been able to reveal the typical human secret any more than other psychological movements have. The secret it found turned out to be the same for all people! If we say with Fargue: 'Le désordre c'est notre personnalité', we have not, after all, said very much more than that 'all men are about the same', that the same dynamic, possibly dangerous or, if one prefers, even 'demonic' forces are at work in the unconscious of every person.

We come up against the problem of design again and again, not only in art. It is of the greatest importance in normal life and in the various mental disorders. The most significant question is not: 'What comes to the surface out of the unconscious, what repressed passions are responsible for a breaking of mental equilibrium?' Particularly when making a diagnosis, we have the question: 'In what way does the unconscious express itself, what form does it assume when it ceases to be repressed?' Rümke says definitely: 'The peculiarity of being mentally ill is a question of form, of the way in which this mental content is built into the whole of this person, rather than of content'. And: 'If the importance of the form is revealed to us, we are inclined to consider that psychiatry is principally a matter of disturbances in the *form* of mental life'. Finally, he warns of the 'temptation' into which the psychiatrist is easily led if he devotes his attention exclusively to the contents of the mental experience. This warning cannot be repeated clearly enough, particularly when one is about to study the drawings and other artistic utterances of the mentally ill. It can be said without exaggeration that great novelists, such as Balzac, Flaubert and Dostoevsky and the like often give much deeper insights into people, without subjecting their characters to psycho-analysis, than any scientific study based on depth psychology which is based solely on the 'unconscious' depth. The typically human element lies not in the passions breaking out from the unconscious, but precisely in the mastering of these. It is this mastering which confers order and form on ambitions.

This all means that *aesthetic considerations* cannot be omitted from our further discussion. It would be a fascinating study if one were to compare the work of great artists systematically with their personality and way of living. It would then very soon appear that a great designing ability does not at all need to be parallel to a great personality in the sense of having strength of character, being harmoniously integrated, energetic, etc. The character of geniuses such as Gauguin, Modigliani, Utrillo, Toulouse-Lautrec, etc. did not rise, as far as their human qualities were concerned, above the average. No-one would be able to assert that solely exalted ambitions and tendencies strove for expression in their unconscious. The observer of a work of art sees first of all the work and that is what he judges. In most cases he knows nothing or very little about the life and personality structure of the creator. Scarcely any intimate details are known

Pl. 26 is discussed on page 182, pl. 27 on page 175



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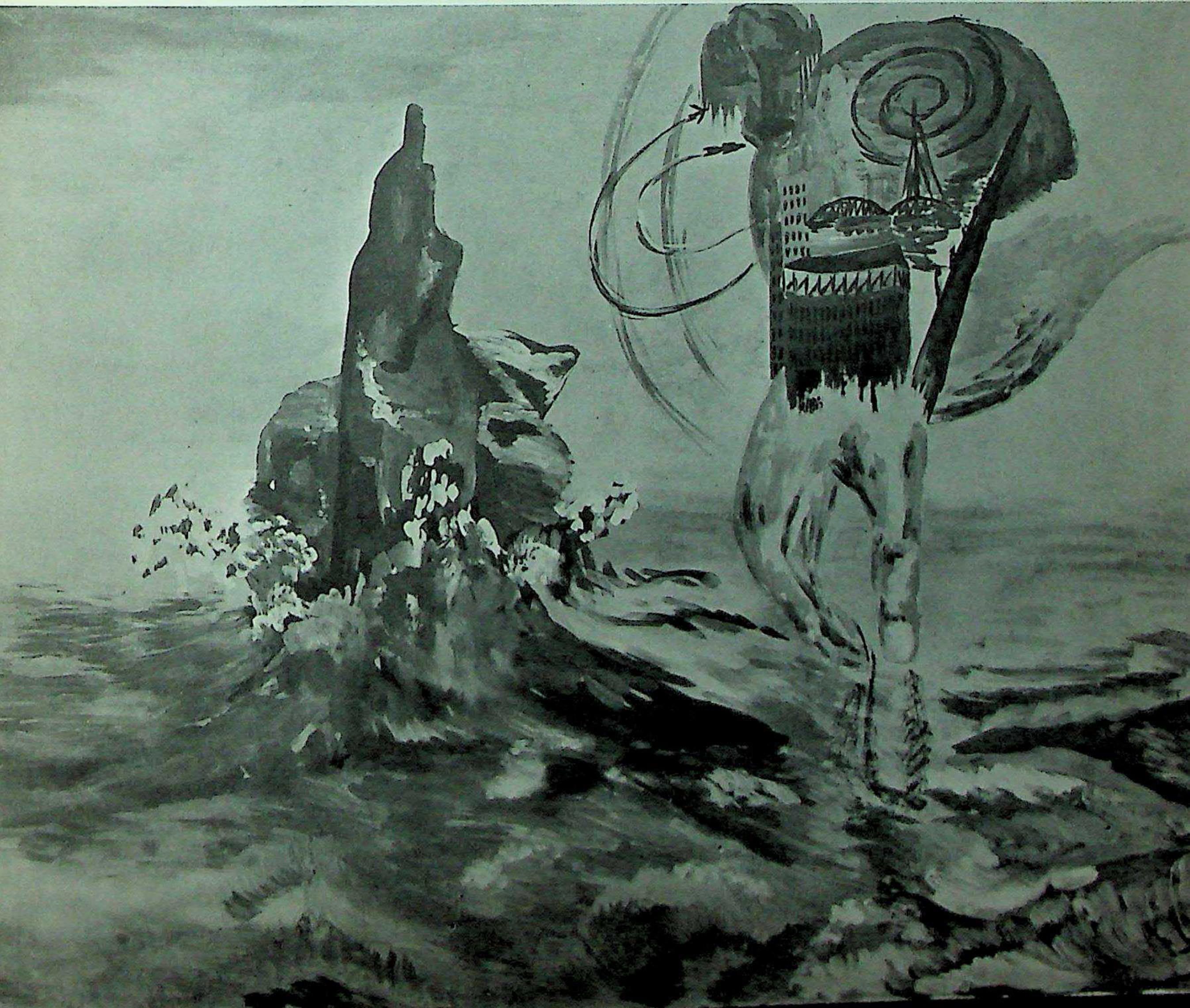

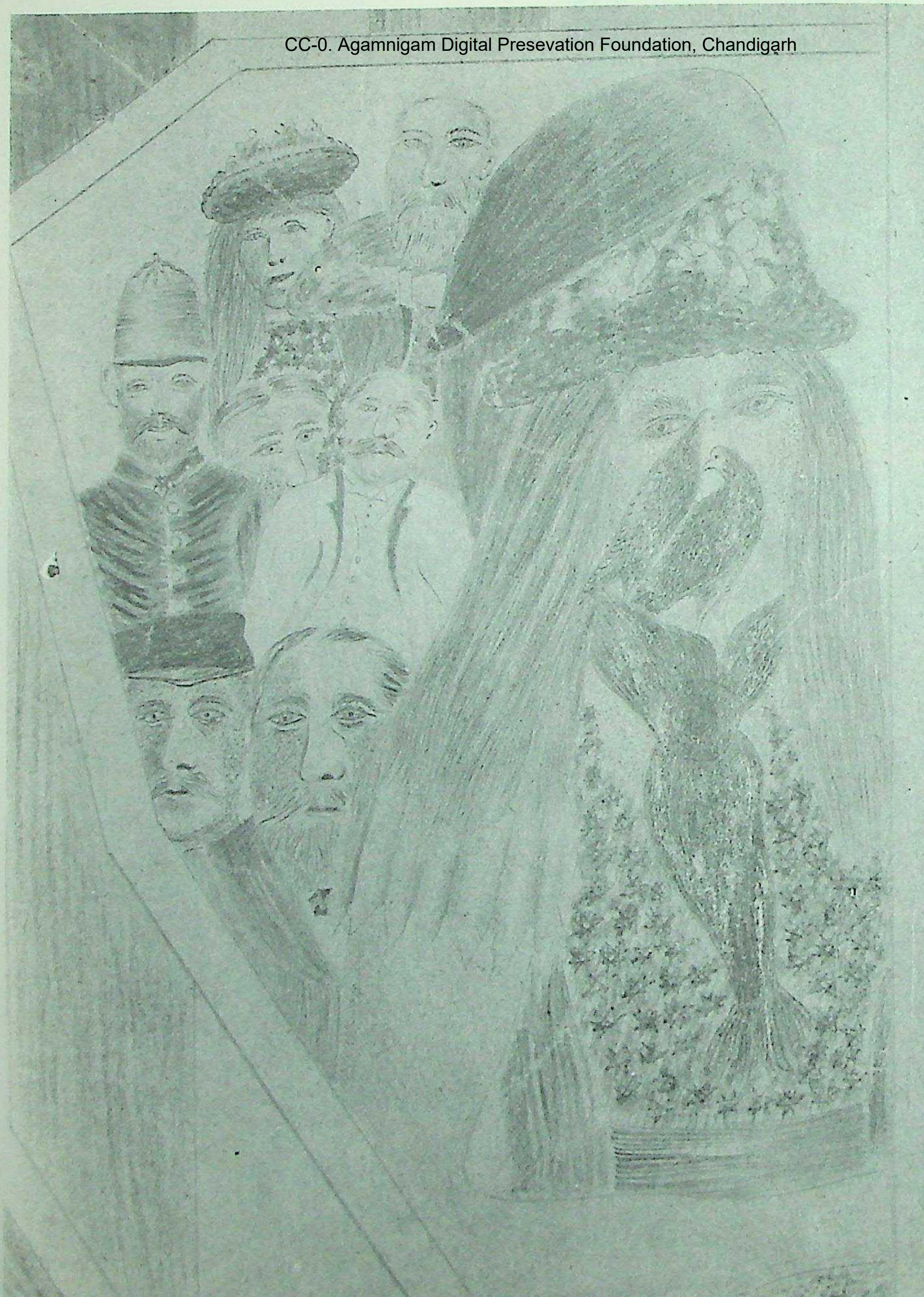

about many masters from former centuries, although their work can move us deeply. In some cases their life – insofar as we know anything about it – gives the impression of having been that of a petty-bourgeois person (Johann Sebastian Bach for example). These artists become justified in their existence through their *work*. Although Vincent van Gogh was a schizophrenic, Verlaine a drunkard, Wilde a homosexual, Dostoevsky probably an epileptic, their morbid structure does not disturb us when we turn to their work, to the form they succeeded in giving to what they wanted to express, even if its content were often morbid. A detailed study of the life of an artist provides us with practically nothing as far as his real artistic nature is concerned. The numerous anecdotic descriptions of the life of van Gogh, in which one imagines approaching more closely to the artist, for example by relating that he carried out the painting of a chair, on which a pipe and a tobacco pouch are lying, in Arles after his attack on Gauguin, shortly before the outbreak of his psychosis, tell us nothing about the aesthetic value of this canvas nor of his further artistic nature.

We cannot, of course, place form and content so diametrically opposite one another that we would finally be compelled to make a choice in favour of the one or the other. Both continue to overlap closely. In music they both form a real unity and cannot be separated at all. We have found again and again when approaching the work of the mentally ill that an analysis of the content is often essential. As already mentioned, it is not, however, our intention to give many analyses of this type. They can be found in sufficient numbers elsewhere in the literature on this subject.

Finally, we shall now and again have to mention certain *neuro-psychiatric* findings as well, although we shall not consider in detail their neurological backgrounds. This would go beyond the scope of this book.

Scribbles

The order of the discussion of the various schizophrenic products has been chosen fairly arbitrarily. Another plan could very well have been followed. We begin with the simplest examples and progress successively to more complicated works in which design occupies an increasingly important part. We shall have to refer repeatedly to the description of the symptoms of schizophrenia given in the first part of the book, since these are essential for a better understanding of the works.

Pl. 1 The drawings in which we cannot really speak at all of designing will be described as scribbles ('Kritzeleien', 'doodles'). They occur both in acute schizophrenic conditions of agitation and in cases which have become chronic, which create an impression of being dead. In the first case, we are often struck by the great tension under which the work has been carried out. We are doubtless concerned here with forms of self-expression, but without any plan or system.

Pl. 28 is discussed on page 175

Sometimes they are nothing more than coarse scratches, often so close together that one can scarcely recognize the lineation. They do not have a communicating function, they represent purely autistic creations which can have meaning and value for the patient alone. In many cases we nevertheless wonder whether it would not be better to speak of 'functioning', of being active in an unco-ordinated manner, without any other purpose than merely being active, such as is found in the case of the normal small child. We can doubt the expressive meaning of the creations and think rather of stereotyped movements, perseverations, etc. particularly if the lineation is flat and shows little tenseness, such as is often the case with old chronic patients.

In the case of sufferers from schizophrenia, it is hardly ever possible to discover what they intend by this sort of work. The acute conditions of agitation do not allow of a calm conversation and explanation. In the case of 'demented' patients we cannot expect any commentary, or it is so confused that we do not obtain any better understanding of the work from it. If the work is carried out in colours – chalk is often used – a completely chaotic product can result in which we may doubt whether the colours do perhaps not have a symbolic meaning. Some scribbles still show certain formed elements, such as letters or figures, decorative elements, geometric figures, objects, such as a profile, a hand and the like, which can even begin to predodominate so that we obtain transitions to decorative pictures or to work in which we can speak of an 'imitation of reality'.

As a fairly arbitrary example from a large number of this type of drawing, we have selected the product of a completely confused patient who wanted initially to reproduce 'a very imposing figure' after the style of Daumier's caricatured lawyers. He did not, however, place a head on the trunk which had been begun, and this blends into a tree which is in fact worked out in a clearly recognizable manner downwards and to the left, but merges to the right into unintelligible lines and a phallic structure. Later, a further tree was added in the left-hand part of the sheet, and a very small human figure (?), while a sort of hilly landscape appeared in the background. We see in the air something that is perhaps intended to represent a bird, which can however also be intended as something quite different. Peculiar, thread-like growths (?) are creeping in the foreground. The central figure makes us think for a moment of an illustration for the surrealistic short story *The Voice in the Night* by William Hope Hodgson, in which people occur who are transformed into hideous, spherical fungi. The person who made the drawing did not, however, appear to know this short story. Pl. 2

All these confused products can be taken as the result of a far-reaching disintegration of the personality which causes confusion to occur, a confusion which we recognize directly in the thinking and particularly also in the language often used by sufferers from schizophrenia, such as neologisms, word compounds, the reversal of words, the omission of letters or syllables, concretisations, etc.

Although it is often difficult, if not impossible, to discover the affective importance of schizo-

Pl. 29 and 30 are discussed on page 176

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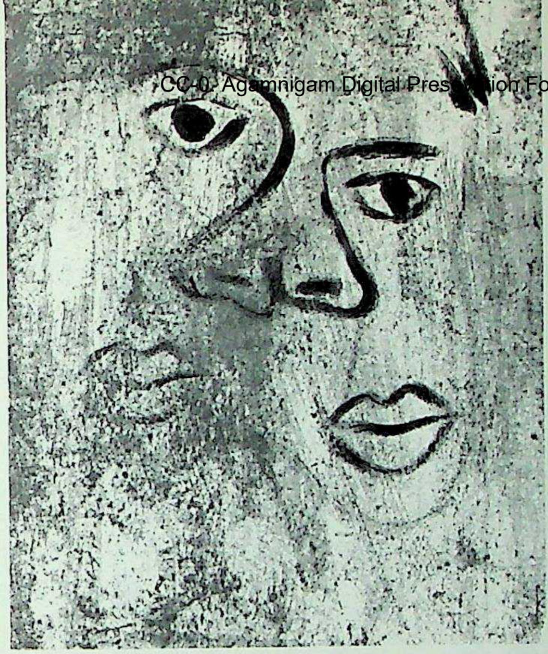

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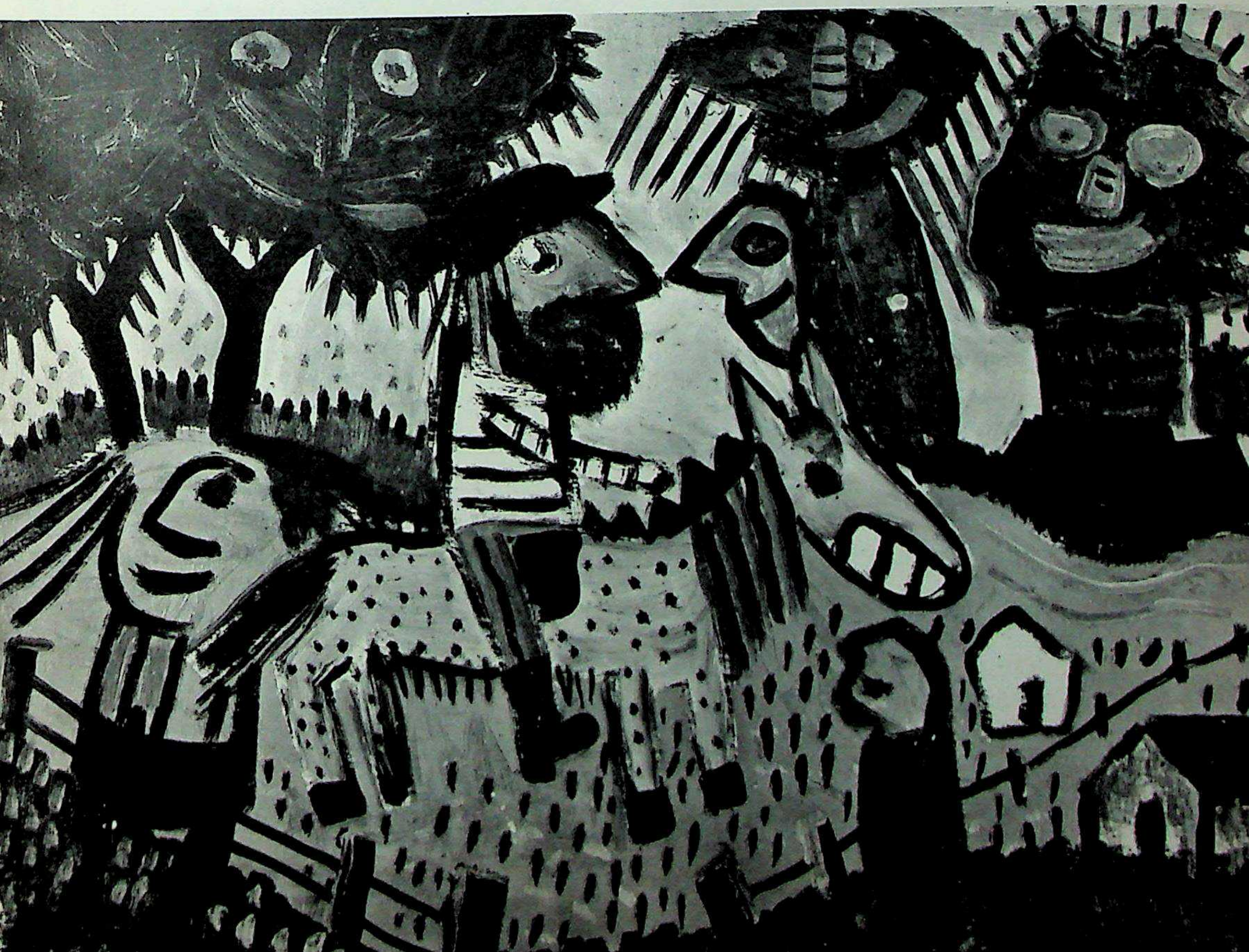
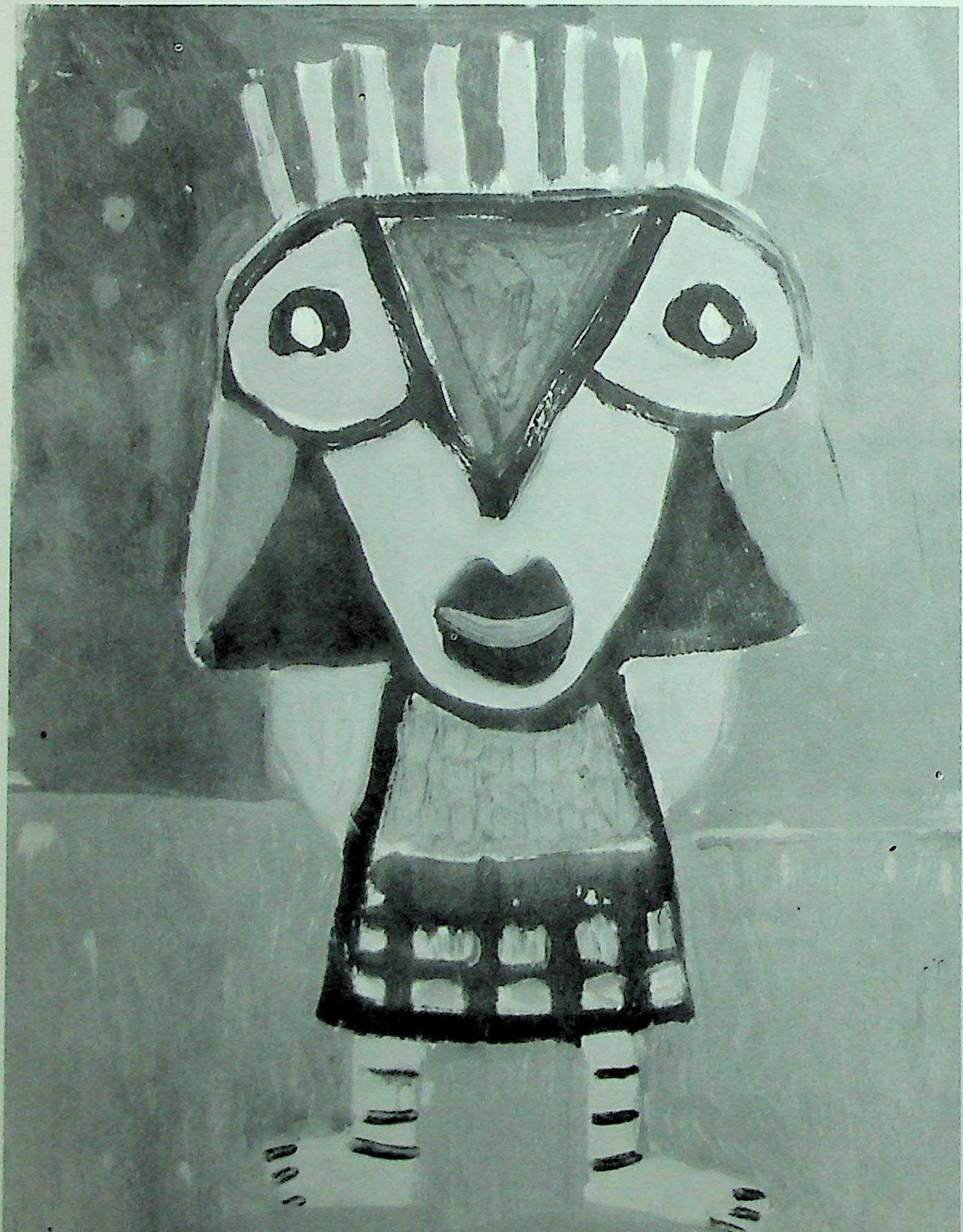




phrenic scribbles, it sometimes appears from certain statements by the patient that this does exist. One of our hebephrenic patients regularly filled sheets of paper with small rectangles, distributed irregularly over the paper, sometimes in colour, sometimes in pencil only. These he entitled 'fright', 'despair', 'pain', etc. For the rest, he offered no explanation as to why he expressed these feelings in this way. A hebephrenic girl always began her scribbles with a black circle which gave the impression of being a hole, since she always filled it in completely with black, then adding around it all sorts of confused elements. Did she indicate in this way the feeling of being sucked away into nothingness? Although she also gave no explanation of her drawings, it is clear that she was reproducing more than only a game or mere functioning. Indicative of this is also the fact that many schizophrenics attach great value to their scribbles.

There has repeatedly been the desire to compare schizophrenic scribbles with doodles also made by completely normal people during states of distraction or boredom. Various studies of such products on telephone pads, agendas for meetings and the like have tried to analyse their unconscious significance. An attempt has also been made to approach doodles made during psycho-analysis by discussing them in detail later with the person being psycho-analysed. There are in fact clearly formal similarities between these creations as made by normal people and those who are mentally ill, although differences are also found. These include their less violent character in the case of normal people, they also then being less incoherent, containing more playful elements, showing more decorative features and the like. These differences are not however decisive, so that it is not possible to tell from one scribble whether it is from the hand of someone who is mentally healthy or from a schizophrenic personality. We find in both elements derived from reality or the situation as it was at the time of making the doodles. These elements may, however, also be completely absent. If we survey a wider range of material by the same person, then we are struck by its monotony in the case of sufferers from schizophrenia. They continue to produce the same type of scribble without much variation. Various elements are repeated interminably, so that we must speak of verbigeration or perseveration. This is particularly the case with chronic older patients, and we soon gain the impression of rigidity and immobility. An element giving the impression on one sheet of being playful and original appears to be nothing more than a stereotypy when we look at several sheets.

Prinzhorn, who always concentrates in his great study on pictorial art by the mentally ill on the 'Gestaltungsdrang', an urge which he links directly to the 'need for expression' described in detail by Klages, assumes as being closely related to this a 'passion for decoration' which is directed to an enriching of the world, and a 'passion for playing' or an 'urge for employment', which has no other purpose than itself, no purpose other than that of a pleasant pastime, amusement, the gaining of pleasure. We may of course doubt whether the word 'passion' is correct here. Elsewhere Prinzhorn uses the expression 'playful attitude' a little more circumspectly. This is not the place to consider in detail the significance of games. In any case, opinions differ

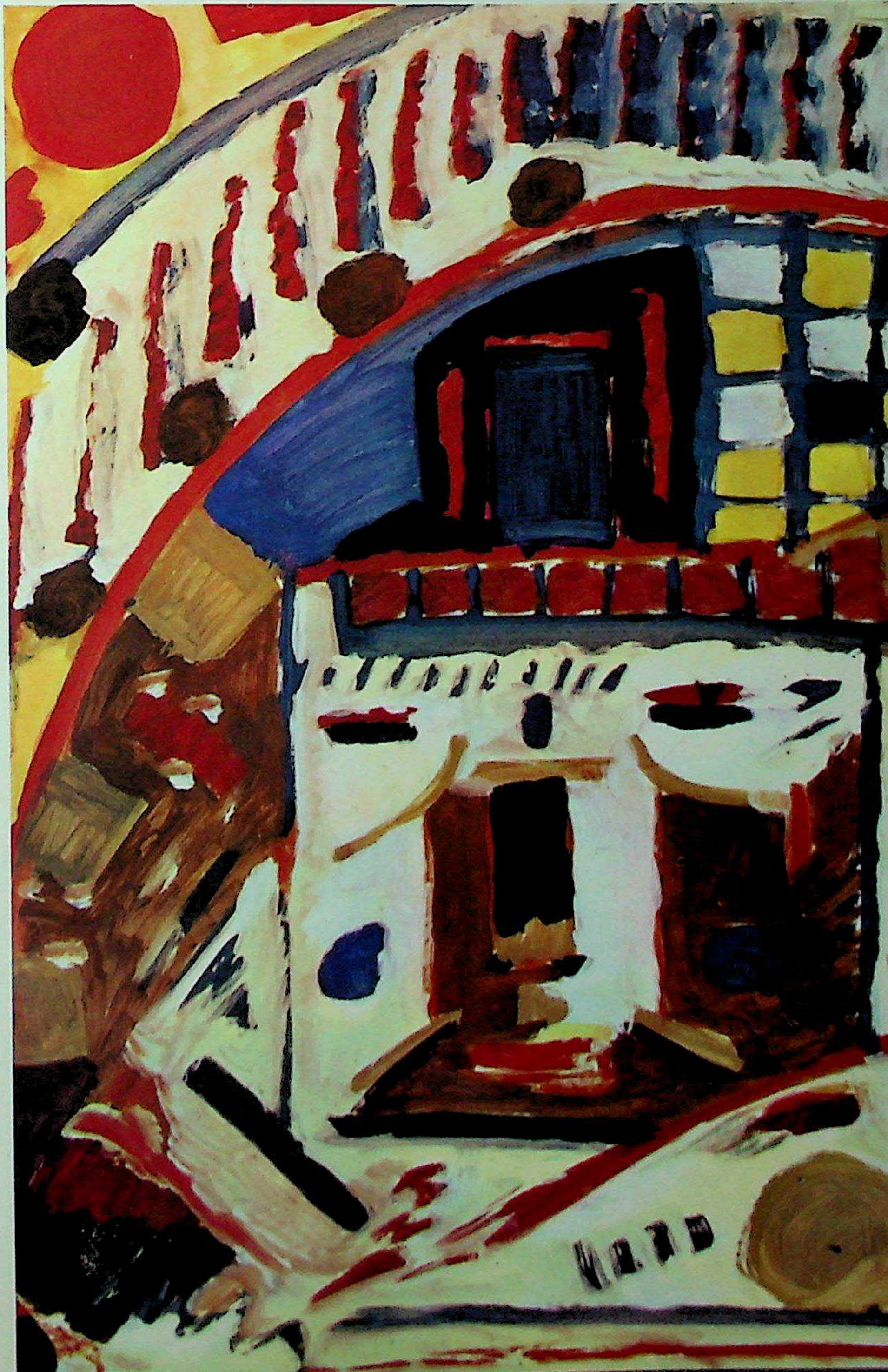
Plate 31 is discussed on page 175

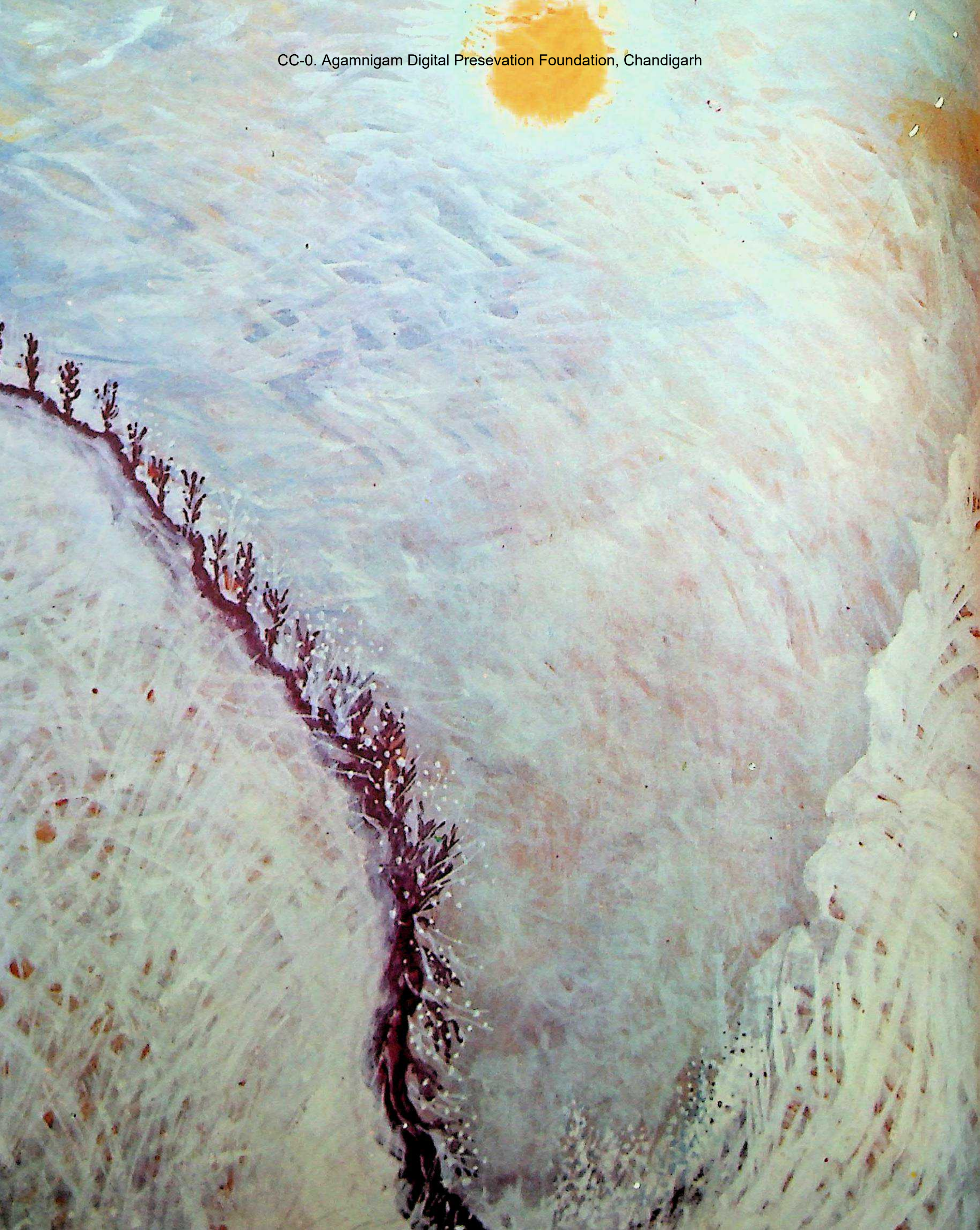
greatly about this. We should merely like to recall Huizinga's statement that – in contrast to arts such as music, dancing, poetry and the like, which are said to have their origin in games – we can scarcely speak of 'games' in the case of the pictorial arts. Although it can be said that they too find their satisfaction in themselves, are born in freedom, keep to rules and show other formal elements of games, they nevertheless lack certain features which are essential in games. It has, however, already been pointed out that the pictorial expression of the mentally ill must not be confused with real art, although an aesthetic element can often be recognized in it, even if it is in no way sought by the creator. During the last few decades this aesthetic element has often been highly overrated, particularly by psychiatrically untrained artists who themselves have represented one or other expressionist movement in art. Psychiatrists who are not properly trained in artistic matters have also quite often committed the error of overrating the aesthetic value of their patients' products. Thus the small, charmingly produced album *Insania pingens*, which shows the work of three sufferers from schizophrenia being cared for in a Swiss mental hospital, lays a little too much stress on their aesthetic value. This is not in fact confirmed by all the illustrations, so that we obtain a somewhat biassed view of schizophrenic creations. It must certainly be admitted that a playful element can often be clearly seen in the scribbles and also in many of the more complicated works by schizophrenics. They can even become games in every sense. We have indeed already seen that a playful feature repeatedly shows itself in many a delusion.

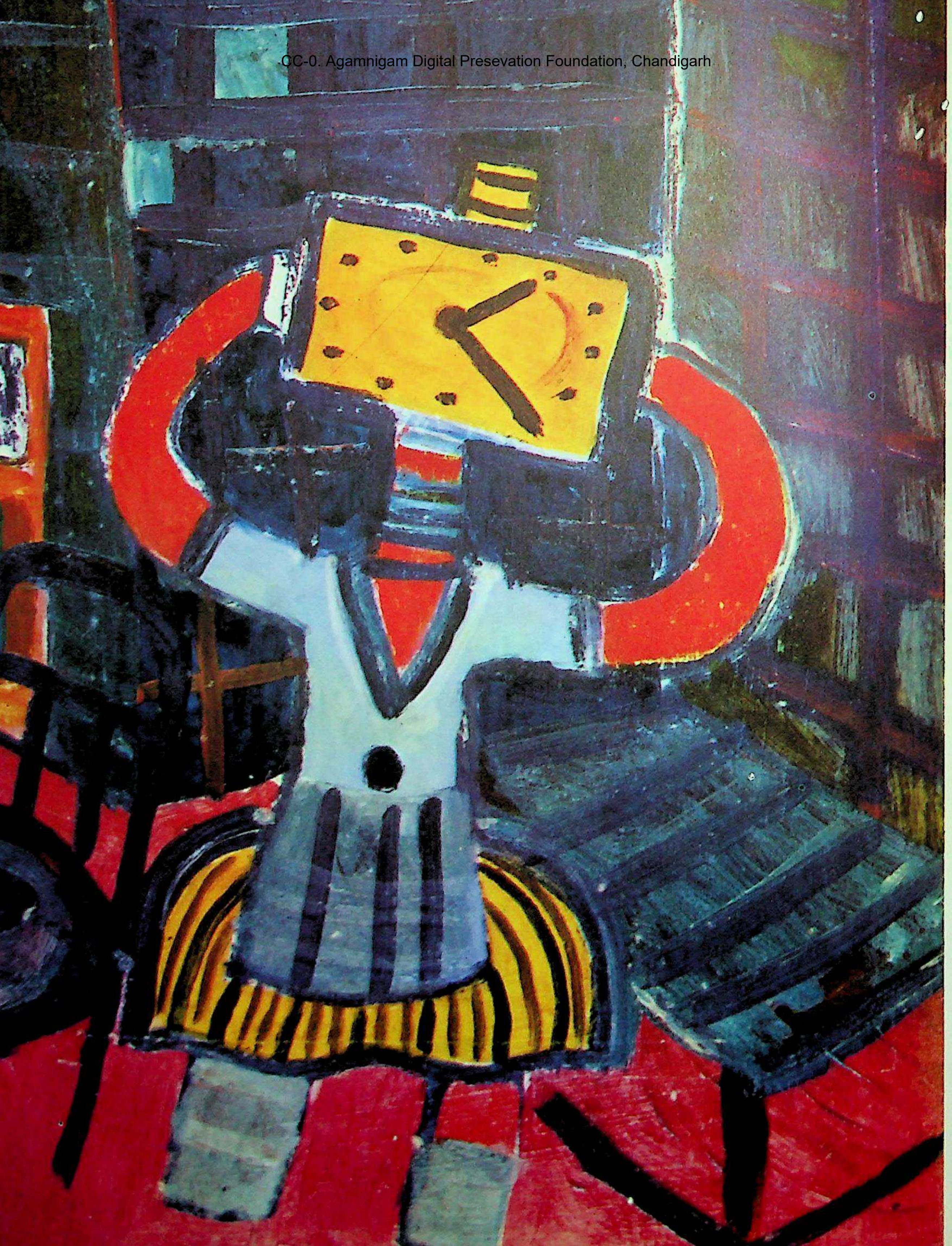
Decorative sheets

Much more differentiated than the scribbles are those drawings in which the ornamental element predominates, so that large decorative sheets are formed (see page 84). These have been described in detail on several occasions. We are struck in them by the great variety of shapes. It is also typical of them that they fill the whole sheet so that no open sections remain. Innumerable, often very different ornaments worked out in detail cover the whole paper, so that Prinzhorn speaks of an 'exuberant opulence'. This excessive filling of the surface with minute motifs is indeed very striking. The word 'bourrage' is used in French literature to describe them, and such sheets are said to be 'plein comme un oeuf'. Nothing more can be fitted in, they are filled to saturation point. Geometrical figures, flourishes, spirals, strokes or dots, flower and plant motifs, anatomical shapes, figures, letters, etc. are used as a filling. Their abstract character is however sometimes suddenly disturbed by the introduction of realistic motifs, such as a face, a hand or an eye, a utensil and the like, which does not fit in at all from the point of view of form. We ask ourselves whether this overfilling really represents a 'horror vacui', a fear of a void on the part of the sufferer, such as was considered to be the case by Pfister for example, a convulsive defence against nothingness, or whether we must speak only of a game, or whether other elements must

Pl. 32 is discussed on page 172, pl. 33 and 34 on page 189







be considered responsible for it. Thus Minkowski connects the phenomenon with the tendency of the sufferer from schizophrenia to fill up time completely. The fact that the artist loses himself in the smallest irrelevant detail still remains striking. Ferdière rightly points out that corrections never occur in these often extremely complicated drawings. The patient draws on steadily, sometimes slowly, sometimes remarkably quickly, continuing to add new details, improving more and more what he has already done, filling in every open space. He does not give up the work, but just continues to persevere with it. This tendency is directly related to the inclination to perseverate, iterate, verbigerate and to stereotypies, to which reference has already been made. Even if the whole makes a surprising impression on the observer at first sight, he soon gains a confused and dead impression of the work on looking at it more closely. It can be seen to lack any point.

In some cases we can, however, speak of a real composition. A monumental impression can
even be aroused by the maintaining of a strict symmetry. Sometimes there is a centring around
a focus, sometimes we are struck by diagonals or spirals, sometimes the stress is strongly at the
edge of the sheet, in this way becoming a sort of complicated frame. This latter feature would,
according to Minkowski, express a defence against the general flowing away and disintegration
of the personality which tries in this way to aright itself magically in the face of chaos. Not
infrequently, the patient begins his sheet with the drawing of a real element or with a group of
objects derived from reality, and then slowly fills it up completely with his details, so that one
can scarcely any longer recognize the original form and intention. A certain degree of rhythm is
often present through the occurrence of series of similar elements as a real ornament, although
Pl. 10 this can suddenly be broken in a disturbing way by quite a different rhythm in another part of
the sheet, possibly linking up directly with the first. In all these cases we can speak of a certain
planning, a division of the sheet. In spite of the colourful and incoherent details, this can never-
theless arouse the impression of a unity which suggests that of a carpet, a colourful mosaic, a
stained-glass window, a product of folk art, an ancient Irish miniature, an exotic ornament.

If colour is used, it is often handled harmoniously. An old patient, suffering from dementia
paranoides, regularly filled large sheets, using wax chalk, these at first sight suggesting a real
Pl. 7 representation, namely the façade of a church or other large building. He nevertheless com-
pletely lost sight of this plan when working out the further details. He filled the whole space in
a very minute manner with rectangles, squares and triangles, resulting in a rhythmically alter-
nating, very colourful mosaic, which produced a very imposing effect through the use of
colour. Using the same material, the same man often drew birds or flowers in which the same
Pl. 8, 9 deviation from the original plan soon occurred. He also filled in these real figures completely
decoratively with small patches of colour which did not fit in at all with the original plan. The
background was also fully drawn in up to the edge of the paper where, as we have just mentioned,
he regularly made a sort of frame. Finally, we were struck in his work by the doubling or

Plate 35 is discussed on page 175

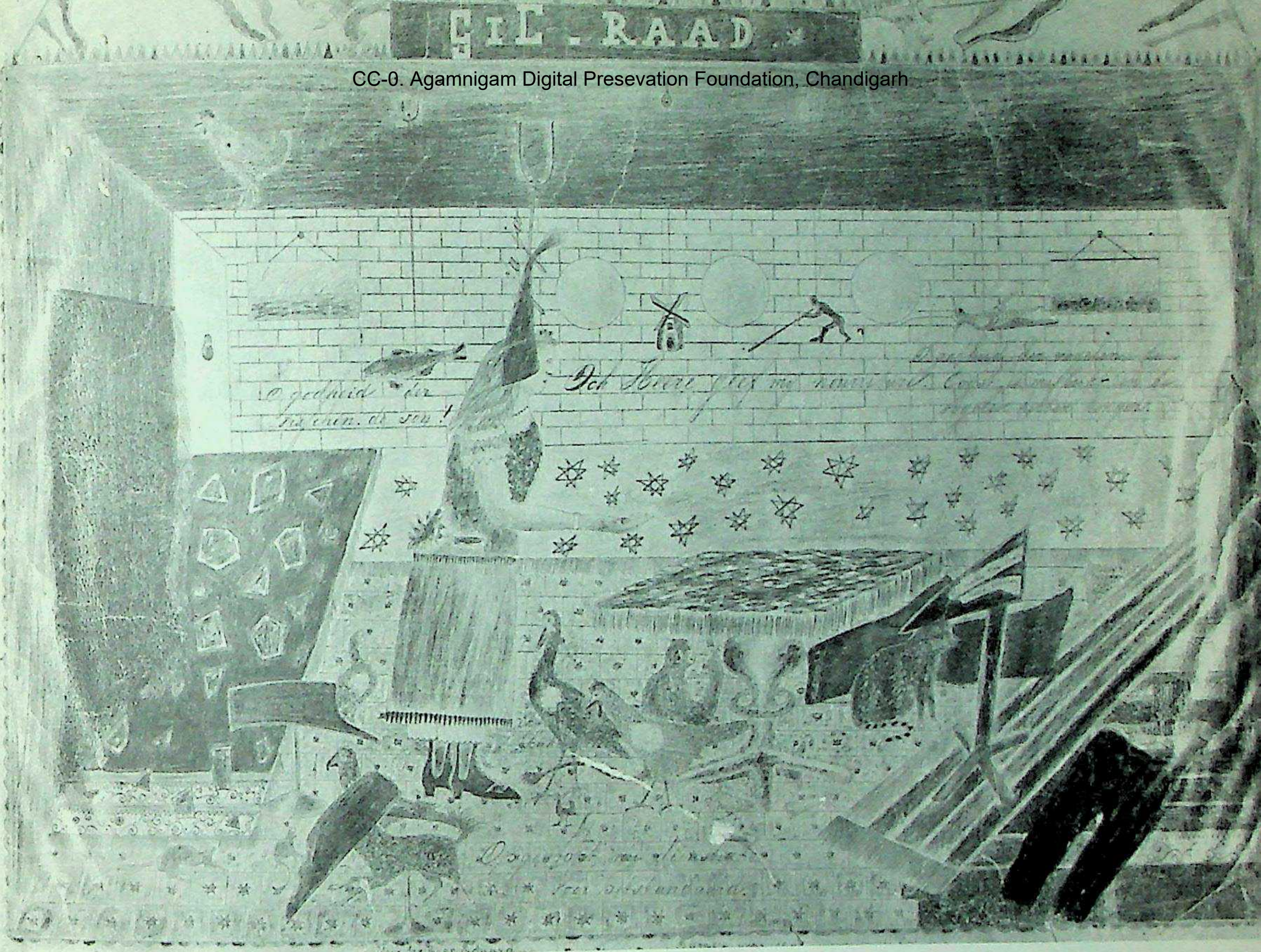
multiplication of the outlines of the original object, a form of perseveration which we shall be discussing again later. For the rest, his use of colour remained pleasant and harmonious. It cannot be said that the colour combinations were disturbing.

In addition to many highly grotesque examples of needlework, a female patient, whose thought processes had deteriorated to a large extent, produced many sheets with an undulating rhythm, planned completely from a decorative point of view, but swarming with small, real fragments, such as snakes, human heads, fish, etc. between geometric figures, everything crawling together, nevertheless such that one would, at first sight, have thought that it was an abstract colour drawing until the exact details were recognized. We were in her case also struck by the filling of the whole sheet. This woman obviously intended to express her delusions symbolically with various of these decorative sheets. At least she produced series of small drawings in which a uterus-like structure, in which we clearly recognize small human heads, forms the central point. We shall return to this when discussing the symbolic drawings. Pl. 5 Pl. 6

Just as with the scribbles, it is virtually always impossible with these ornamentally decorative sheets to obtain a reasonable interpretation or commentary from the patient. Either he gives no explanation at all or one which is completely unintelligible and appears irrelevant. We have already mentioned the patient who gave as an explanation of his decorative drawings: 'that is the zodiac'. This answer can be taken as an arbitrary thought of the moment, but perhaps also gives the secret meaning, the magic significance of his work. The man was in fact suffering from megalomania and imagined himself to be the creator and supporter of the universe. It is consequently not impossible that he considered himself able to fix the order of the universe or able to influence world happenings by means of this drawing, as if it were a powerful magic formula. Such a typically magic train of thought occurs regularly in sufferers from schizophrenia. Bearing in mind however that the patient would not or could not provide any further commentary, this remains purely a supposition. It can certainly be assumed that many elements in the decorative sheets have a magic significance and power for the patient. Pl. 3, 4

Prinzhorn seeks the origin of these decorative sheets in the 'passion for decoration' already referred to which cannot be further analysed and which is directed towards enriching and beautifying the world. It is a universally human and elementary need not to surrender passively to the world without a will, but to imprint on it something human, without thereby in the first place seeking usefulness. We recognize this in all the tattoos and other body decorations in many primitive races. The psychological explanation of schizophrenic ornamentation is however not accepted by many people. Diametrically opposed to this view, which must in fact leave many questions unanswered, is that which snatches at a purely physiological explanation. Thus Reitman considers the marked tendency towards stylization in schizophrenic artists to be the result of a disturbance in perception. He refers to the experiments of Kanner and van Kluever. Bender pointed out that after damage to certain parts of the brain complicated figures are

Pl. 36 is discussed on page 191, pl. 37 on page 190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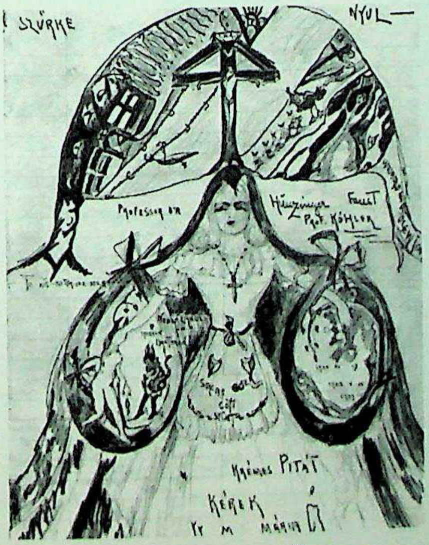
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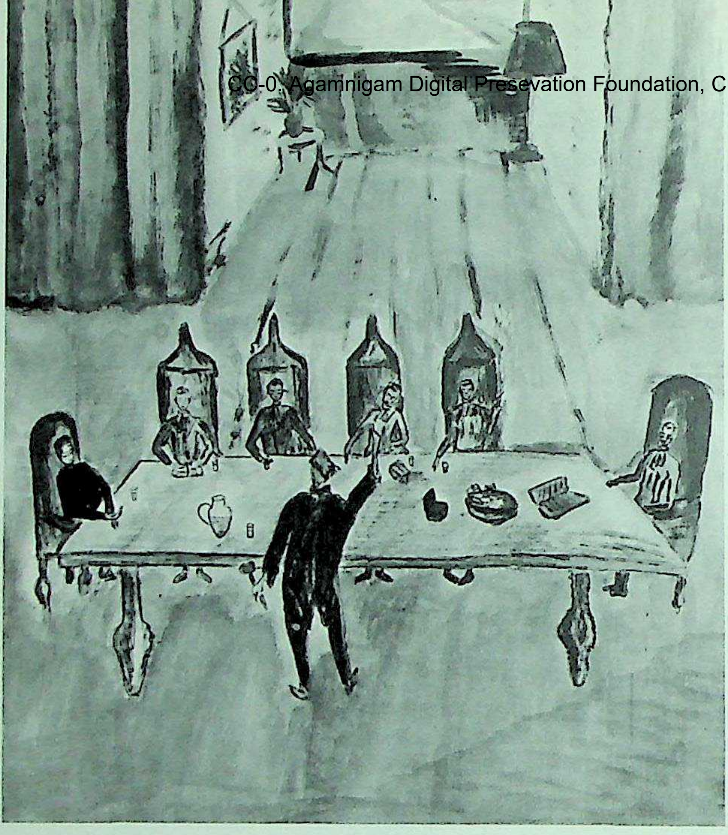

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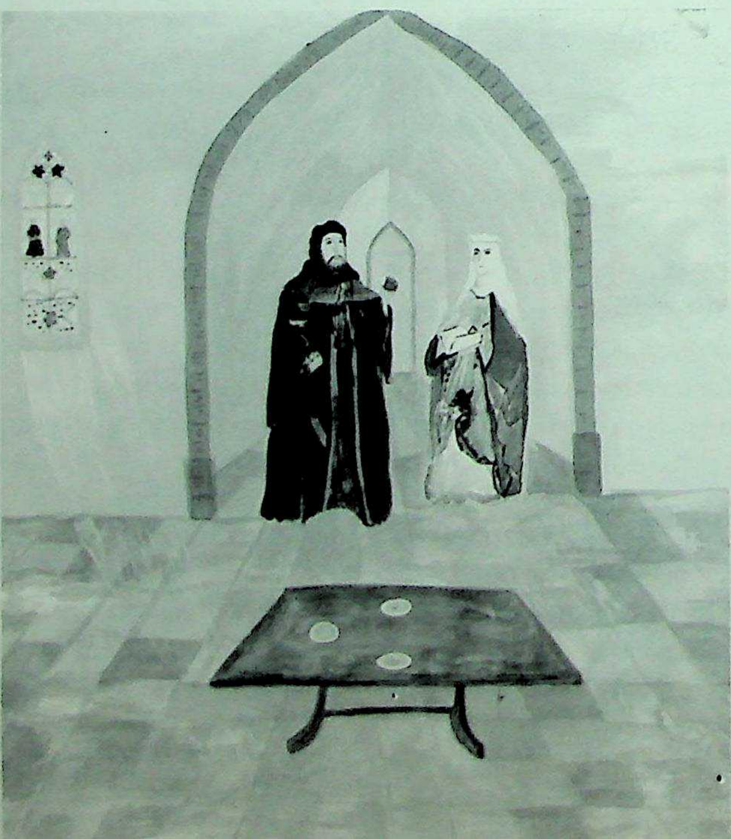


perceived in a very much simpler form, while doublings can also occur in perception. Reitman sees in these phenomena a regression to more primitive forms of perception. Just as rhythm represents a division of time, doubling or the formation of series is a division of spatiality. These very simple designs could phylogenetically be the oldest, and with the deterioration of the personality as a result of the schizophrenic process, when the higher mental functions and layers begin to disintegrate, would be the longest to remain. Stereotyped repetitions occur regularly in cases of disintegration of the central nervous system, such as senile dementia, encephalitis and the like. Reitman considers he can draw from this the conclusion that marked stylization in the sense of excessive ornamentation in the artistic products of a person who is mentally ill always points to far-reaching deterioration. He illustrates this in his book *Psychotic Art* from an artist who gained a name through his charming, impressionistic representations of cats and who, having become mentally ill, stuck to his subject, but began to stylize more and more, so that eventually it was no longer possible to recognize anything in his scribbled ornamental sheets which resembled a cat.

Maclay let normal people having a certain gift for drawing draw under the influence of the alkaloid mescaline, which causes transitory psychotic conditions which superficially suggest schizophrenia and in which massive hallucinations occur. These visual hallucinations appear to be flowing shapes which tend moreover to doubling and lengthening, so that a carpet-like pattern results. Maclay considered that the flowing lines and ornaments which are seen are the blood vessels in the choroid coat. The hallucinating artist is said to be reproducing his own blood vessels. Reitman is convinced that the same thing occurs with sufferers from schizophrenia and thinks that many ornamental sheets become intelligible in this way. He also gives a striking example of this in his book. For the rest, he does not go as far as Maclay who wants to give an exclusively physiological explanation of hallucinations, and he concludes that they do have an organic origin, but that they are nevertheless determined psychologically as regards their content.

Not all decorative sheets by sufferers from schizophrenia are so overloaded and colourful. Simple compositions are also encountered. It is therefore, just as in the case of the scribbles, impossible to arrive at a diagnosis on the basis of a single sheet. Normal artists can also produce complicated decorative and ornamental works. It has moreover also been found that drawings made by artists while in a state of trance, in which the condition of consciousness is consequently changed, can show the same 'festering' ornamentation. Many investigators view these products sceptically, although they also have their admirers. At one time the sheets by the medium A. Lesage were well known, having been described and reproduced by Osty amongst others. Perseverations are very striking in them, letters and signs also occur, a 'pedantic symmetry' is often maintained and numerous symbolic shapes are introduced. These sheets cannot be distinguished from those which are produced by chronic sufferers from schizophrenia. We

Pl. 38 is discussed on page 204, pl. 39 on page 205

must however also know the mental condition of the creator in order to arrive at a responsible conclusion. 'Blind interpretation', i.e. that of the isolated product without a knowledge of the personality which created it, is inadmissible from the scientific point of view. There must be a careful clinical examination. At best, we can contemplate the diagnosis 'schizophrenia' if we obtain an extensive output from the same patient for study. If the same characteristics, described for this illness, keep on occurring in a large number of works by one person, then the chances that a mental illness is involved naturally become greater.

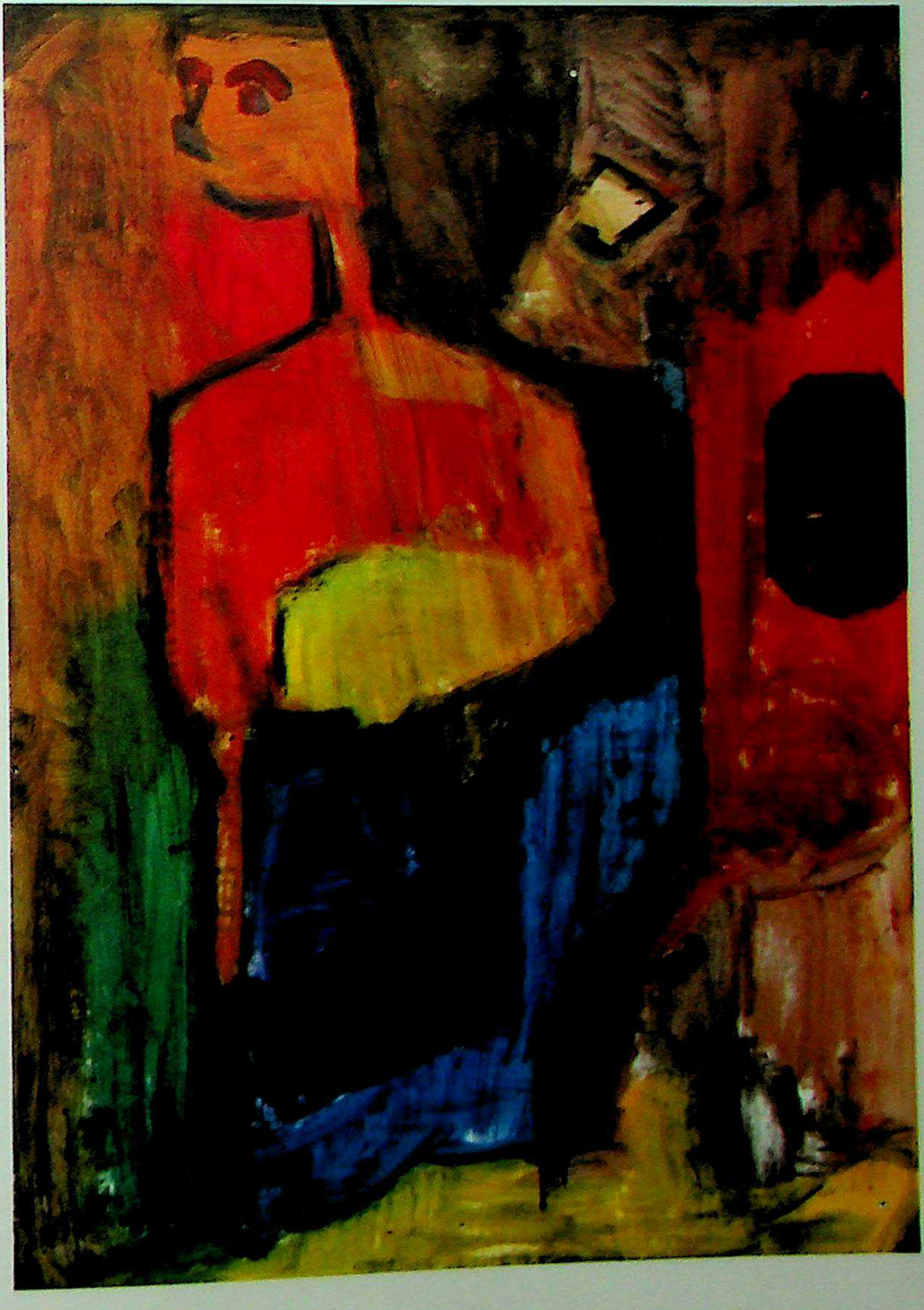
More complicated drawings and paintings

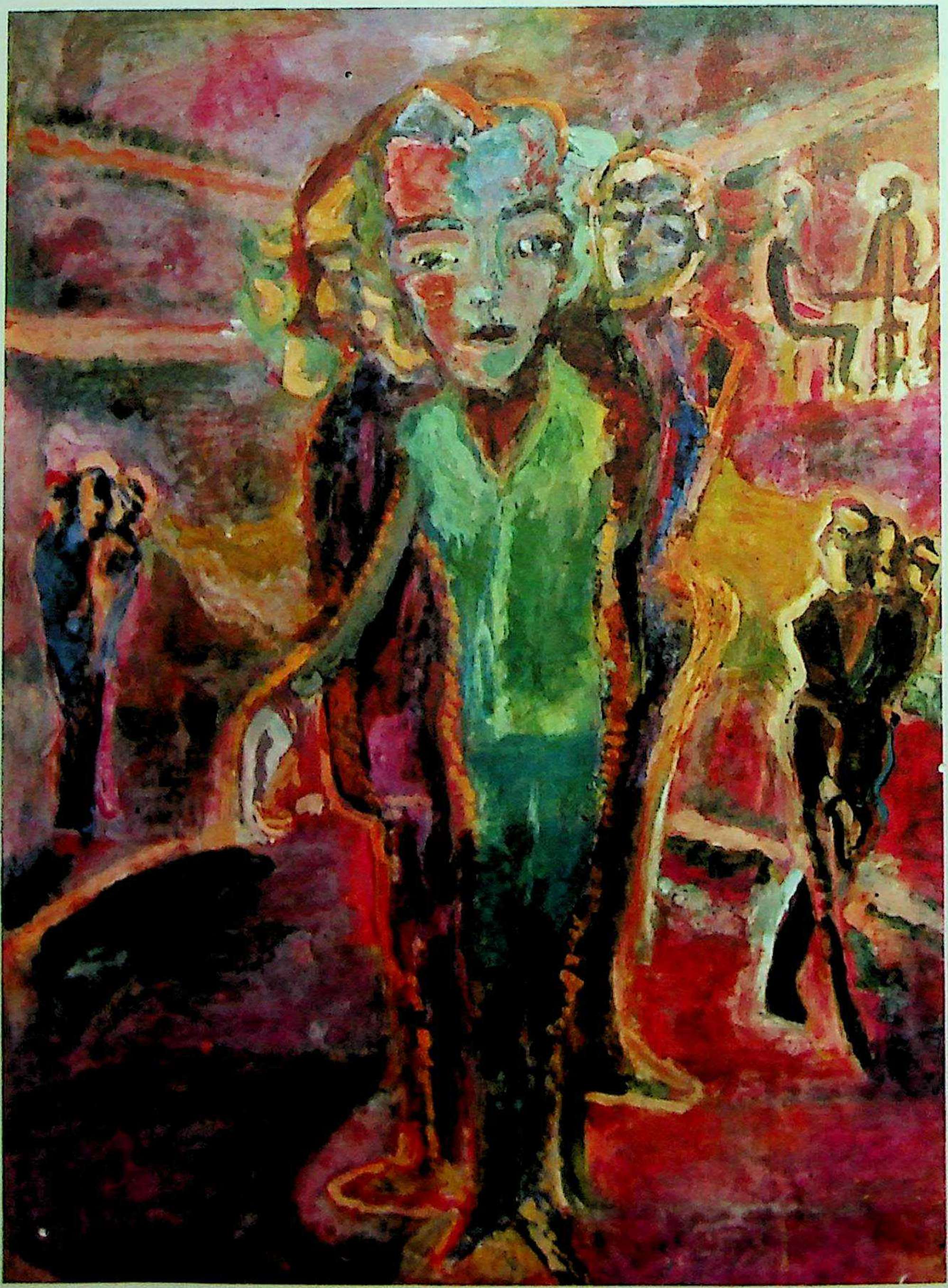
If simple elements, such as scribbles and decoratively ornamental sheets provided us with all sorts of problems and questions, these occur even more when we consider the more complicated drawings and paintings of sufferers from schizophrenia. These may be called figurative and consequently a tendency to depict begins to play a part or appears to predominate completely.

When considering this work, it is clear that we must take into account the technical skill of the creator. It is very important to know whether he was active as a professional artist, painter or sculptor prior to the onset of the psychosis, or whether he had a certain degree of artistic experience as an amateur, or whether he was a completely untrained person, an 'illettré de la peinture'. If we lose sight of this difference, then there is the danger of arriving at completely incorrect conclusions, particularly if we are not ourselves conversant with the technical aspects of painting, drawing and the like. In many publications on schizophrenic pictorial work, subjects such as composition, layout, perspective, etc. are approached as one is in the habit of approaching exhibits in a museum. Deteriorations of the personality are assumed on the basis of a disregard of old, classical rules. This is not the explanation at all. It is merely that the creator had had no training.

Professional artists or trained amateurs who become the victim of the schizophrenic process continue, providing they do carry on with artistic work during their psychosis, to work in their own style in almost all cases. They also stick for a long time to the subjects they previously painted, such as still-lifes, landscapes, genre paintings, portraits and the like. Some retain their former technical skill for a very long time, possibly after a temporary decline. Many years after the onset of the illness they are also still in a position to produce a reasonable 'academic' work, even if they have deteriorated seriously in other respects, for example in their thought. We have, however, already seen that many of them also give up their artistic activity and that their creativeness declines. There is often also a deterioration in technique, and their work degenerates into botching, smearing, incoherent scribbling or, as described above, they produce ornamental sheets. In certain cases, we see the appearance of a change in style ('Stilwandel') in the case of professional artists under the influence of the illness. Well known in this connection

Plate 40 is discussed on page 167





are the studies of the Swedish artists Josephson and Hill who both became schizophrenic. Westerman Holstijn referred to an incipient change of style in the case of van Gogh. This was however denied by Minkowska. A rapid change in style occurred in the case of one of our hebephrenic patients who surprised everyone every few weeks by a completely new technique, a new choice of subjects, new rhythm, etc. Comparisons of the work of patients before and after a lobotomy, before and after insulin therapy or electroconvulsive treatment, before, during and following psychotherapy – described repeatedly particularly in the literature on complex psychology – have been made on many occasions, but with very differing conclusions.

It is striking that professional painters who become schizophrenic continue, long after the onset of the psychosis, to reproduce realia in their works, at least if their art was realistic in character prior to their illness. This is in contrast to those patients who are untrained or who have not previously been artistically active, but who resort to pictorial expression under the influence of the psychosis. Objects derived from reality are often completely absent from their work. They rapidly develop a completely non-traditional style of their own, often of a really original character, sometimes showing a remarkable similarity to that of primitive cultures, prehistoric art, the drawings of children and the like, although it is, in most cases, quite certain that they have not studied these subjects or seen any reproductions thereof. Thus, one of our patients, a hebephrenic young man from a very simple background, made a whole series of
Pl. 16, 17 figures from poplar wood, of fairly large size (up to 1.20 metres), which showed a remarkable likeness to primitive exotic dolls or ancestral figures, although he knew nothing at all about primitive art. Another, a paranoid schizophrenic man, likewise ignorant of primitive and
Pl. 18 ancient art, hewed a large, coarse female figure (119 cm in height) from wood, in a hieratic attitude which, in spite of its incorrect proportions, created a strong impression and suggested very much an image of the ancient 'Earth Mother', 'not a goddess, but the preliminary stage to a goddess', as Sierksma expresses it. We could here think, with the adherents of Jung's school, of a regression to the collective-unconscious layers of the personality, about which we have already spoken in detail. We shall nevertheless be returning to this point later. The phenomenon may also be construed as a positive symptom of Jackson. All sorts of inhibitions fall away under the influence of the schizophrenic process, while more differentiated structures decline (negative symptom), as a result of which the more primitive instinctive tendencies, ambitions and ideas, which were previously repressed or suppressed, appear (positive symptom). It should, above all, be remembered here that, according to Jung, important creative forces can also be liberated from the unconscious.

These views are related to certain pedagogic theories which consider that every person has a certain talent in the direction of pictorial expression. As a child, almost every person draws, models, etc. spontaneously, sometimes doing this with great enthusiasm. In the case of most children we see this tendency disappear during puberty. This could be merely artificial in origin,

Pl. 41 is discussed on page 191

the result of unfavourable conditions, such as discouragement, lack of interest by others, instruction in drawing which is either boring or incorrectly given, etc. This aptitude nevertheless remains dormant even up to a later age and appears again if repressions and suppressions are removed, for example under the influence of the schizophrenic process. Although there is much truth in this view, namely that instruction at school is of great importance and that a boring drawing lesson can even cause an aversion to pictorial expression, it must be rejected because of its generality. A thesis, used as an advertisement for a written course in drawing, such as 'if you can write, you can also draw', cannot be accepted. The question of aptitude undoubtedly enters into the matter. How would we otherwise explain why only such a small percentage of sufferers from schizophrenia draws or paints, in spite of the encouragement and stimulus in that direction offered by modern mental hospitals which often have at their disposal charming and well-equipped studios?

Finally, we must not overrate aesthetically the so-called 'characteristic' style which appears when patients begin to paint under the influence of the pathological process. Many people tend too quickly to find the work carried out by the mentally ill 'interesting' and 'fascinating', thereby losing their aesthetic standards. Bader writes: 'It is a rare fact to find work by mental patients which can lay any claim to real artistic merit above and beyond its purely medical interest'. This sounds perhaps somewhat too critical, but must certainly be borne in mind! It is also striking that it is very rare for the work of patients to show a development in a positive direction. Even if the patient takes spontaneously to painting in the mental hospital, and although his products then show an 'original' style, this is, in most cases, there once and for all, remaining unchanged even after years. The work is static, no new elements occur in it, it peters out in a stereotypy. This phenomenon is, however, also seen in the majority of the 'peintres naïfs', the 'modern primitives', who are, for the rest, mentally normal.

The structure of the more figurative works can still be very mysterious, a chaotic whole being by no means a rarity. They are sometimes closely related to scribbles. Realistic elements then occur alongside geometric figures, letters, signs and figures, inscriptions making the whole even more confused. The whole surface is filled without any order or regularity. We get the impression that every arbitrarily emerging thought is immediately reproduced in a picture, but before it is fully worked out it is repressed by another new one, and consequently replaced by a new image. We have already discussed this in connection with the incoherence of the reasoning process. We may also find that, of a long series of associations, only a few are indicated, as in a sort of telegraphic style. The parts do hang together for the patient, but for the observer, who has naturally not been able to follow the associative series, there is merely a chaotic, 'senseless' whole. Sometimes figures are merely hinted at by parts thereof. A profile, a hand or a hat appear disconnectedly alongside one another. We are also often struck by the filling of the whole surface, the 'bourrage', such as occurred in the decorative works. One of our patients drew sheet after sheet in very rapid tempo in Indian ink full of figures, such as people, animals, complicated situations, mechanical instruments, caricatures, composite figures, such as people who had a strange mechanical device as limbs or a head, or whose head was that of an animal or who had two heads or too many limbs, etc. All these figures stood completely separate from one another, giving an extremely chaotic impression. In an isolated state, some parts of these sheets could have served very well as a cartoon. (Certain of them were in fact published in a newspaper.) They now nevertheless disappeared under the avalanche of details and irrelevant elements. The large brush-drawing by a paranoid schizophrenic man is also completely confused. It shows various human figures alongside one another, without any composition. A huge man, a woman, a few children stand there without having anything to do with one another. A few cloud-like, horizontal lines and, for the rest, messy patches on the sheet, smears and wipes give to the whole an untidy appearance. The creator said he had expressed 'Human Existence', without being able to give any further details. The details also remain unintelligible (see page 54).

Apart from the overfilling of the surface and fragmentation, we also often recognize in the figurative works a tendency to stereotypies, perseverations and iterations. Sometimes a picture or a part thereof is repeated several times without any meaning. One of our patients repeatedly drew a long row of violoncelli standing next to one another and worked out in detail, resulting in a sort of frieze with a certain rhythm, but without any point to it. Another drew on news-
Pl. 13 paper with red or green ink or with water colour long series of upright female nudes, placed senselessly next to one another, in which only the turning of the body around the longitudinal
Pl. 11 axis now and again introduced some variation and movement. It often occurs that a patient will draw long rows of heads (see page 113) or other figures on one sheet, these showing little if any variations. Or he will reproduce the same small scene in an identical manner several times in juxtaposition, then suddenly introducing a small variation by adding or omitting an element, then returning again to the old stereotyped pattern. One of our patients explained this to us as practice in gaining dexterity. For years he practised on the same small, insignificant picture without ever doing anything more with the skill acquired in this way.

Often the tendency to perseverate is expressed by multiplying the outlines of a certain object, this possibly reaching such proportions that the originally intended picture can scarcely be recognized any more, being overgrown with purely decorative elements. We have already met this phenomenon when discussing illustrations 7, 8 and 9, where a decorative mosaic was the final result. The work of another paranoid patient remained simpler and more transparent. He restricted himself to producing long series of standing birds, seen in profile, the outlines of
Pl. 12 which he multiplied, not however doing anything to the background. Another reproduced a crowd (page 77) again and again by the stereotyped repetition of spheres placed next to and above one another on sticks, these obviously being intended as heads, here and there alternating with somewhat more complicated shapes of stylized naked female figures. A young

hebephrenic man drew the same simple landscape motif ad nauseam in Indian ink, namely a few trees and houses, again and again allowing black and white to 'shift' (see page 213). The first time we were surprised by the almost playful effect. It nevertheless rapidly proved boring by its monotonous and pointless repetition.

Other types of deformation also occur regularly in the drawings of sufferers from schizophrenia. Reality is treated in an often completely arbitrary way. Changes in proportions, distortions, shiftings of the parts with regard to one another, the omission or addition of anatomical details, etc. such as are also found in the case of mentally normal expressionist and surrealist artists, namely Picasso, are by no means an exception. Changes in perspective are also often encountered.

Distortion of space

This brings us to the problem of the rendering of space in the case of sufferers from schizophrenia. In order to avoid premature and incorrect conclusions, it should be borne in mind that the rendering of space in a drawing or painting is a matter of training, even in the case of mentally normal persons. This point has already been stressed by Prinzhorn. Children, primitives and simple adults, who have seen few if any works of art, are not conversant with the rules of perspective. This lack of technical knowledge is often only too clear even in the case of the 'modern primitives' and typically untrained 'Sunday painters'. Untrained persons often use more than one focus in their work, resulting in a confusion of several spaces, or they keep on turning the paper on which the drawing is being made. A company seated at table is then reproduced with each of the figures being separate, without any mutual connection. The figures then appear to be 'folded over', this creating a strange impression. This phenomenon has no pathological significance, being seen regularly in works by children. Various publications devoted to primitive art, for example on the mainland of Australia, amongst the North American Indians, etc. have referred to it and shown it to be a possibility in the case of adults as well. Thus L. Adam, in his book *Primitive Art*, gives a charming reproduction of a bark painting from Groote Eylandt in the Gulf of Carpentaria (Australia), representing a group of men standing around a pond (?) in which a stone axe has been found. Both the men and the trees of the 'Umba-Kumb-a Gardens' show clearly this phenomenon of 'folding over'. The lack of knowledge of perspective is also often apparent in Egyptian painting. The impression created by all these products is consequently the result of an inadequate mastery of the means of expression and is therefore in principle different from that obtained when observing schizophrenic drawings and paintings. We obtain then rather a feeling of 'weirdness', we see into a world which we cannot feel ourselves into or feel at all. This feeling of strangeness is exactly analagous to Rümke's 'praecox feeling' which we have discussed in detail.

Pl. 42 is discussed on page 191, pl. 43 on page 180, pl. 44 on page 199, pl. 46 on page 196

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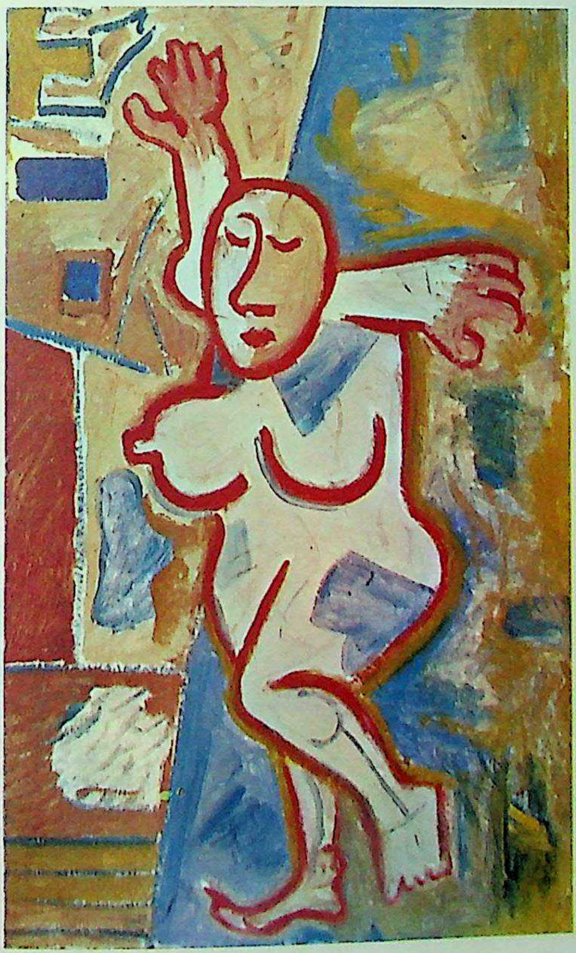

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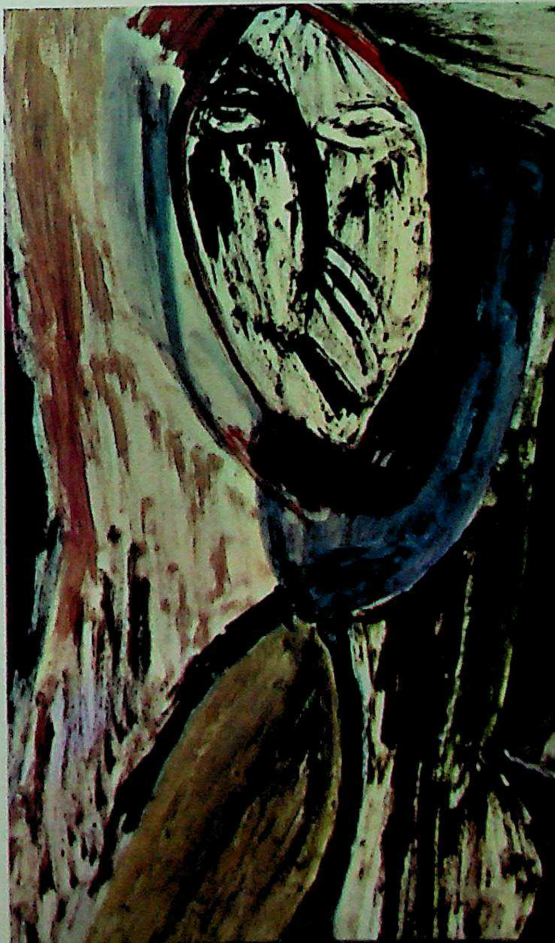

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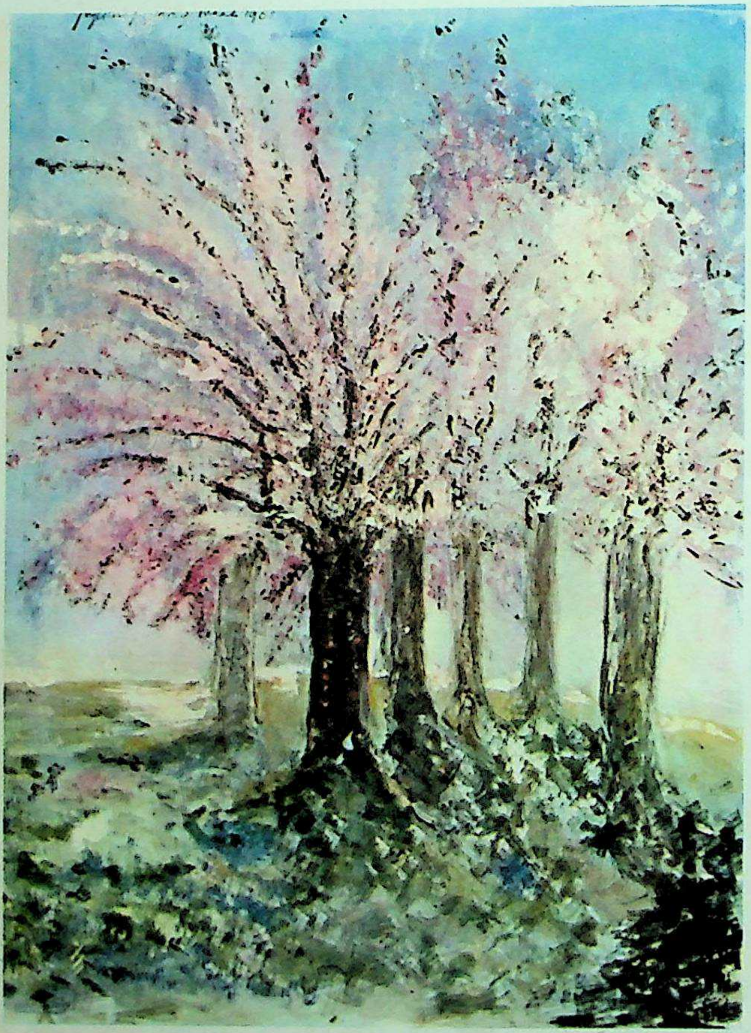

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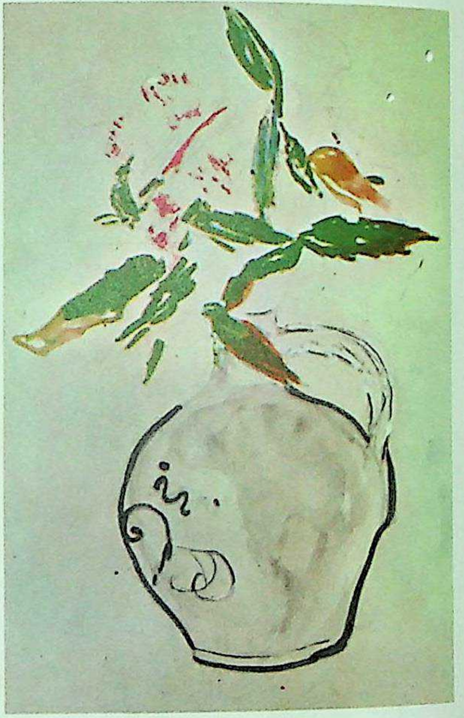

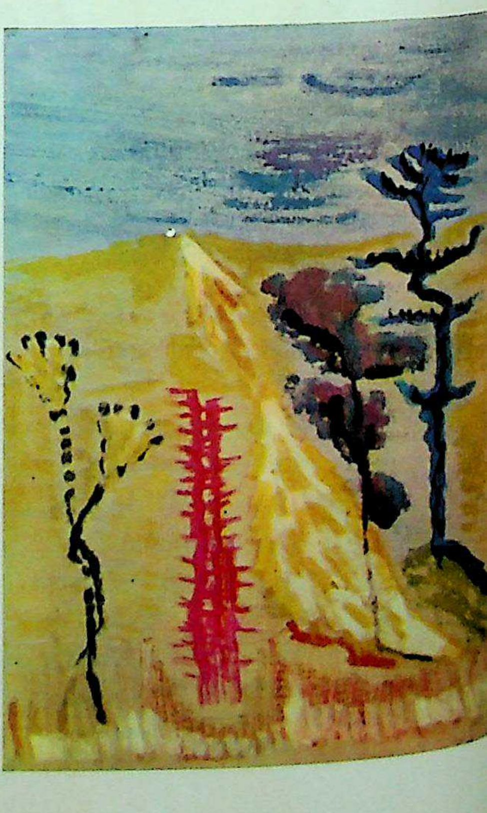

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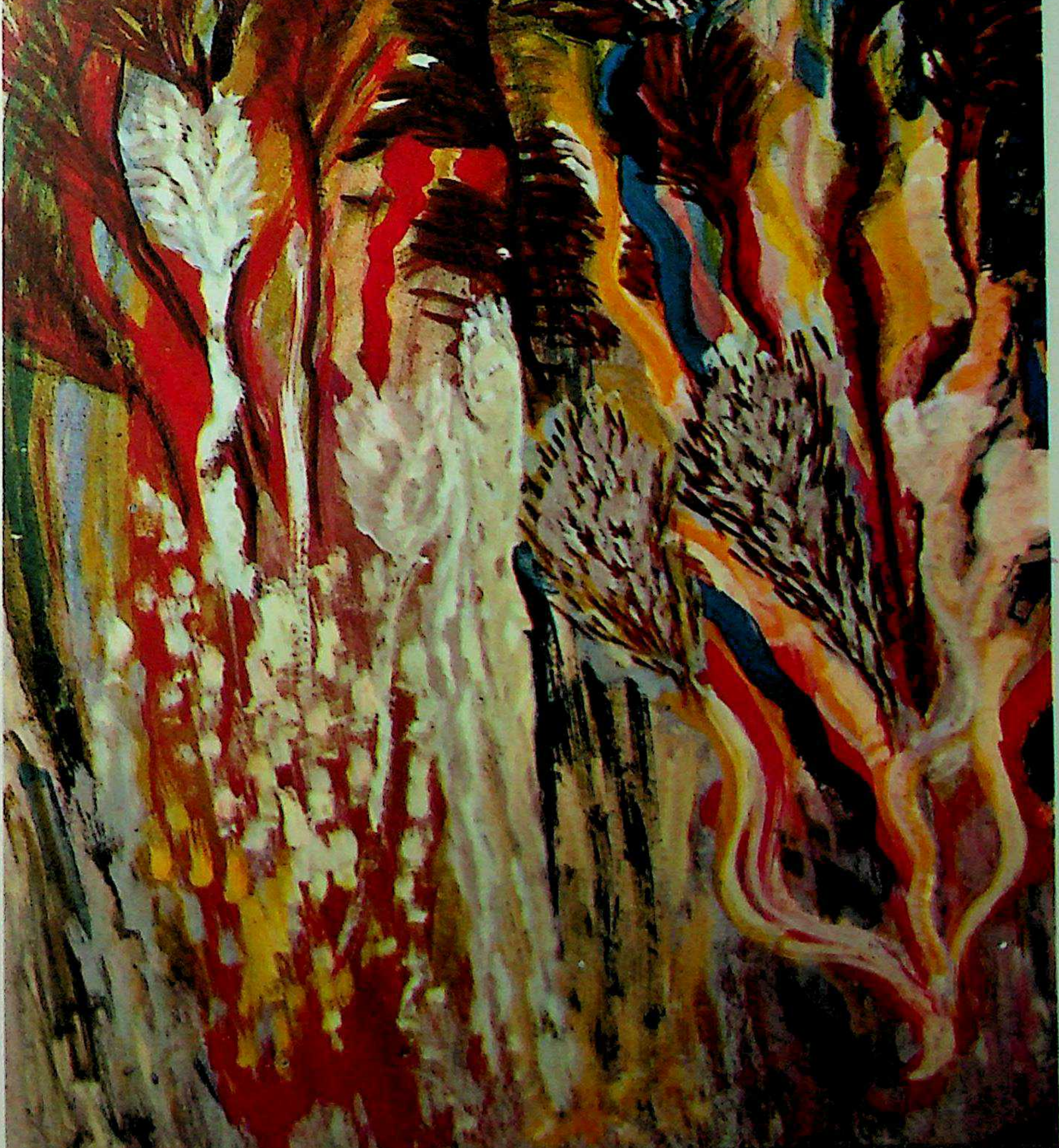

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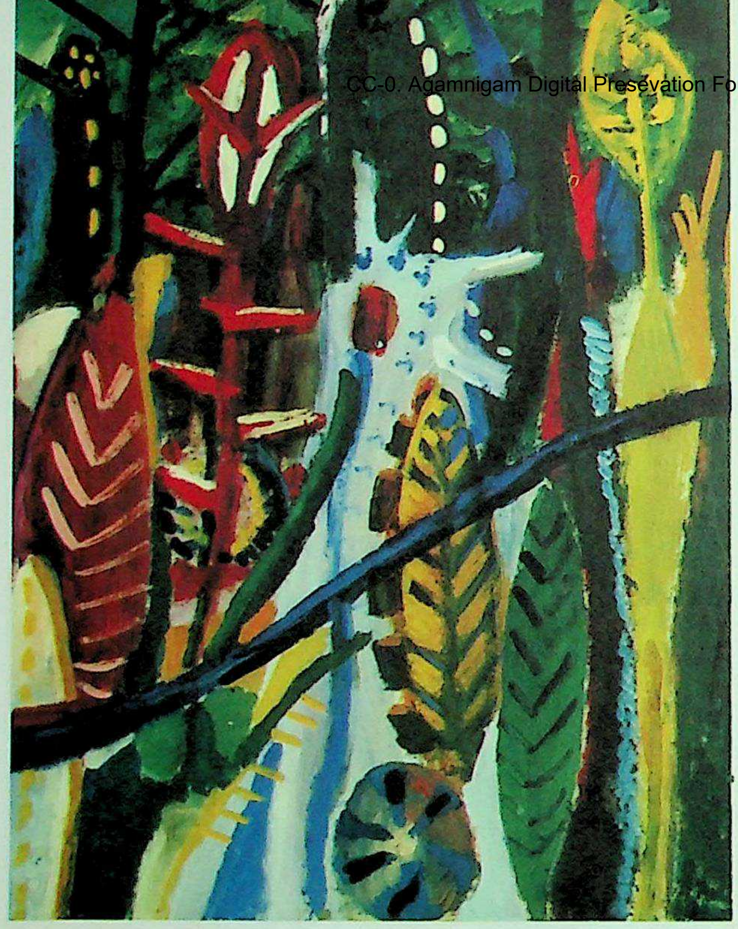

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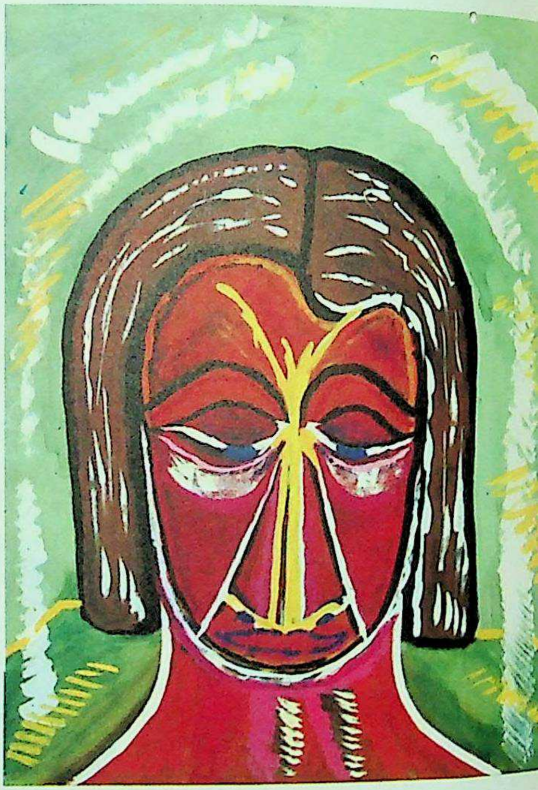

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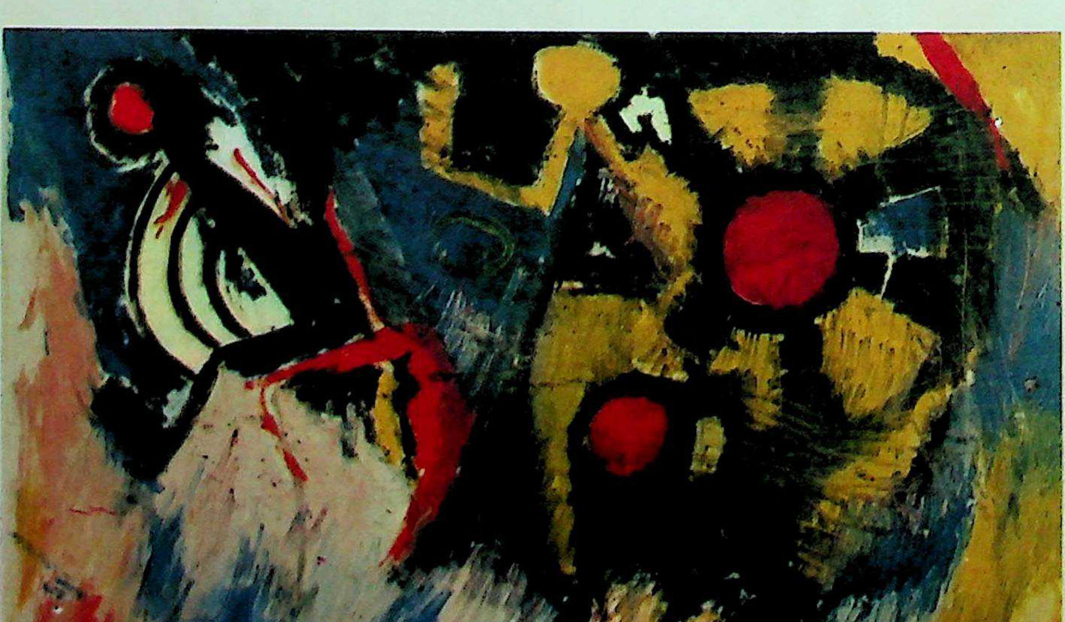

Completely different in significance is the distortion of space such as occurs with artists and trained amateurs who are affected by a process psychosis. This distortion often appears first from the altered proportion between foreground and background. This proportion is of great importance for normal perception. In schizophrenic drawings, every feeling of depth has often disappeared, what is distant and what is near cannot be distinguished from one another, everything is seen at the same distance. The background is worked out just as sharply and in just as much detail as the foreground. If paint is used, the colours are just as bright for all planes, there is no sphere. The dimensions in the drawing of close and distant figures become the same. The background can even come forward completely, so that the objects appear to sink away in it. We then gain the impression of a mosaic or cloisonné as has already been discussed. The overlapping of figures also occurs. We see through objects which stand in the foreground as if they were transparent. They do not cover what is lying behind them. Even 'X-ray' drawings are no rarity, such as occur in primitive reproductions of animals in which we see the most important organs lying through the skin and muscles. Through the wall of the house we see the inhabitants sitting, also seeing the furniture and the rooms which lie behind it. One of our patients, from Surinam, suffering from paranoid schizophrenia, produced a number of these X-ray drawings which he unfortunately kept on tearing up. One of them, which remained unfinished, is reproduced opposite page 1. It shows two prancing horses, in one of which we can clearly see the gullet through the muscles of the neck. Billig speaks in these cases of a 'regression of space'. The 'espace vécu' is denied and replaced completely by the 'espace primordial'. Objective space no longer plays any part, only that which is subjective having any validity. Ego and Non-Ego are no longer distinguished, the boundaries fall away. It can certainly be said that the degree of regression in a sufferer from schizophrenia can be read from the disturbance of the reproduction of spatiality in a drawing, at least if we are dealing with a person who is trained. This rule applies to those who are untrained with many reservations only.

One of our female patients, a teacher who, prior to her illness, drew quite reasonably,
Pl. 15 repeatedly painted in a stereotyped way a landscape in which trees and flowers occur at the edge
of a pond as perseverations of interest! A ditch, seen on the right, passes almost vertically to the edge of the paper. The perspective has disappeared completely. A duck at the top of the sheet has the same dimensions as another much more in the foreground. A horizon which should have appeared at the right of the sheet is not indicated. The upper left-hand corner shows merely vague colours flowing into one another.

Altough the reproduction of space shows no formal deviations, it is nevertheless often typical through its content. Volmat calls space in schizophrenic paintings unlimited, infinite,
Pl. 14 like a sea or ocean, an immeasurable empty desert. The composition alone can suggest infinity
and boundlessness. Thus one of our hebephrenic male patients produced a long series of completely empty landscapes, sometimes being provided with a single house or a few bare trees. One

Pl. 47 is discussed on page 195, pl. 48 on page 200, pl. 49 on page 181, pl. 50 on page 166 of these shows an infinite plain lying under a sallow, greenish-blue sky. The background is a fierce red, while the foreground is shown in yellow. Three leafless trees with only a few branches stand upright like skeletons in the centre of the sheet, being pale blue in colour. In spite of the light colours, the whole creates a completely dead impression. With an improvement in the mental state, we often see a base line appear at the foot of the sheet as the first firm element in this emptiness. A row of objects is juxtaposed on one line in a childish manner. The space can then be further organized later.

It is necessary in this connection to consider a little more deeply Reitman's views, to which passing reference only has so far been made. He too was struck by disturbances in the experiencing of space and time in sufferers from schizophrenia. He related this directly to a disturbed 'body scheme' which is found repeatedly, if not always, with these patients. The idea of a 'body scheme', first introduced by Head, has been subjected to a thorough investigation by many neurologists. It does in fact appear to be different in many organic affections of the brain. Schilder, whose publications on this subject have acquired great fame, means by the term 'body scheme' the 'spatial image which every person has of himself', namely of his body and its parts in their spatial proportions. This image grows slowly in the child and has acquired a definitive form only at the end of the period of growth. It arises under the influence of all sorts of sensorial impressions, such as those of sight, touch, movement and deportment, which slowly unite to form a 'Gestalt', a totality which is more than the mere sum of the parts.

Injuries to the temporoparietal part of the cerebral cortex often result in a disturbance to the body scheme, from which it must be concluded that the synthesis of the sensorial impressions to a 'Gestalt' takes place in that part of the brain. Thus a haemorrhage in that region can result in parts of one's own body no longer being recognized. The term 'body scheme' is used in various meanings, so that there is the danger of people arguing at cross purposes when using it in discussions. Robertson has pointed out that it is used in four different meanings. Firstly, as the whole complex of perceptions and sensations of the body at a given moment. All the senses play a part here, although at any one moment one and at another another sensory organ predominates, as a result of which the image is always changing. Secondly, as the feelings of 'Ego – Here – Now' of the individual. These depend in turn largely on sensory impressions, but memory, perception and knowledge of surroundings also play a part, just as various ambitions. Thirdly, as the more or less static and permanent image which man makes of his body and its parts (as already mentioned). This image alters as one grows older and also depends largely on one's knowledge. Sometimes, particularly in the case of people who are mutilated, two schemes exist side by side, one being real and the other idealized. Fourthly, as the image which the individual has of the human body in general, its qualities, its spatial proportions and the like.

Reitman considers that in sufferers from schizophrenia the body scheme is disturbed principally in the second and third meanings just given, even if it be in a somewhat different way from that found in cases of organic injuries to the brain. In the latter case, the disturbance concerns predominantly the various parts of the body, not the body as a whole. In schizophrenic patients, it is the image of the body as a whole which is changed. We have already discussed the case of the female patient who felt herself becoming smaller and smaller in size, and have mentioned examples of hypochondriac delusions in which the whole body is experienced as being changed. The 'signe-du-miroir', namely the desire to convince oneself again and again in front of a mirror of the reality of one's own body, is related to this. Reitman wants to place the body empirically on a par with the Ego, in any case at least the body scheme. The disappearances of the Ego-boundaries, the falling away of the separation between Ego and Non-Ego can, according to him, be made identical to disturbances in the body scheme. Various catatonic symptoms, such as the assuming of peculiar attitudes, catalepsy, grimacing, mannerisms and the like, as well as sensory hallucinations, often of a very adventurous character, depersonalisation and de-realisation phenomena, even the rigidity in emotionality could be explained in this way. The physical influencing delusion, which betrays a weakness of limitation and isolation of the body, becomes more intelligible in this way.

Reitman considers finally that his views concerning the cause of schizophrenia, namely a changed body scheme, are confirmed by experiments carried out on normal persons with mescaline, hashish, marijuana and particularly L.S.D. (lysergic acid diethylamide). Intoxications with these substances cause striking disturbances in the sense of space and time, as well as depersonalisation and derealisation phenomena which can go to the extent of creating the feeling of the flowing away of one's personality into the cosmos. Here too, there is consequently a clear disturbance in the feeling of 'Ego – Here – Now' and in the image of one's own body and that of others. Furthermore, we are struck in these intoxications by the occurrence of massive visual hallucinations of a particularly colourful and lively type. Abstract, categorical thinking falls away completely and is replaced by thinking in visual images. All thoughts finally appear as a film before the eyes. In common with many other investigators, Reitman considers he can compare the results of these experiments directly with the clinical phenomena in schizophrenia. These phenomena include non-categorical thinking, fragmentation, not only of ideas, but of the whole personality, disturbance in the senses of space and time, etc. It still remains to be seen whether this similarity of a group of symptoms can result in an equating of the two pathological conditions, namely poisoning by a well-known chemical substance and suffering from a schizophrenic process (possibly to be construed as an auto-intoxication). There are also many illnesses of the body which have various phenomena in common, but which differ completely in their cause, further course and nature. Massive visual hallucinations are a particular feature in the experiments referred to. Although these can certainly occur in schizophrenia, they appear to be relatively rare, auditory hallucinations being very much more common. Also, is the marked thinking in images under the influence of mescaline, for example, to be equated with the non-categorical thinking of the sufferer from schizophrenia? This has by no means been proved! Visions and massive visual hallucinations undoubtedly occur, particularly in the acute phases of schizophrenia. Thus Prinzhorn described in the Neter case a patient who lived out his whole life in the institution on the primary schizophrenic experience, which had been coupled with a very lively, extensive vison. Years afterwards, he still continued to reproduce in drawings and paintings the image which had once been perceived. Nothing appeared of later hallucinations. Visual hallucinations hardly seem to appear, if at all, in chronic cases. The various products of sufferers by no means need to reproduce hallucinations. They experience the world in a different way from normal people and also perhaps perceive it differently. It is about this changed world of experience that the sufferer speaks and it is this that he wishes to render pictorially. He no longer knows the 'normal' world, it no longer has any significance for him, he hardly mentions it any more. The way in which this change takes place remains for the moment a riddle. It is certain that organic factors play a part. It is still an open question as to whether we can point to their area of attack, for example the temporoparietal region of the cerebral cortex.

Time

We have already said something about the disturbed sense of time in the case of sufferers from schizophrenia. We are also struck in their drawings by a regression in the reproduction of time. It has already been pointed out that the way in which the psychotic experiences time has been the subject of study during the past few decades. The manic patient lives completely in the present, the past and future not existing for him. The melancholic has no 'future, he is chained completely to his past. He is 'in the depths' and has no prospect of what is coming. As a result of his far-reaching regression, the schizophrenic patient lives completely outside normal human time, in a 'mythical time', infinitely long ago. Or time does not exist for him and stands completely still. Life is petrified, things are hard and motionless like a stone, static and dead. One of our patients saw himself as a tree, firmly rooted in the ground, immovable. Another as a boulder, immobile and dead. On the other hand, there also occurs the thought of being immortal, of never going to end life, of existing eternally. Volmat sees in the stereotypies, the continual repetition of the same shapes and fragments in ornaments or series, a magic influencing of time which is thereby annulled. There is an 'eternal return', there will never be an end.

It is striking that sufferers from schizophrenia only seldom reproduce in their more complicated figurative works events from their immediate surroundings and from the present. Because of their autistic turning away from the external world, normal reality does not appeal to them. They live entirely in their own world, to which their fellow-man has no access and which is no longer open to 'normal' human existence. Only occasionally does the patient seem to be struck

Pl. 51 is discussed on page 181

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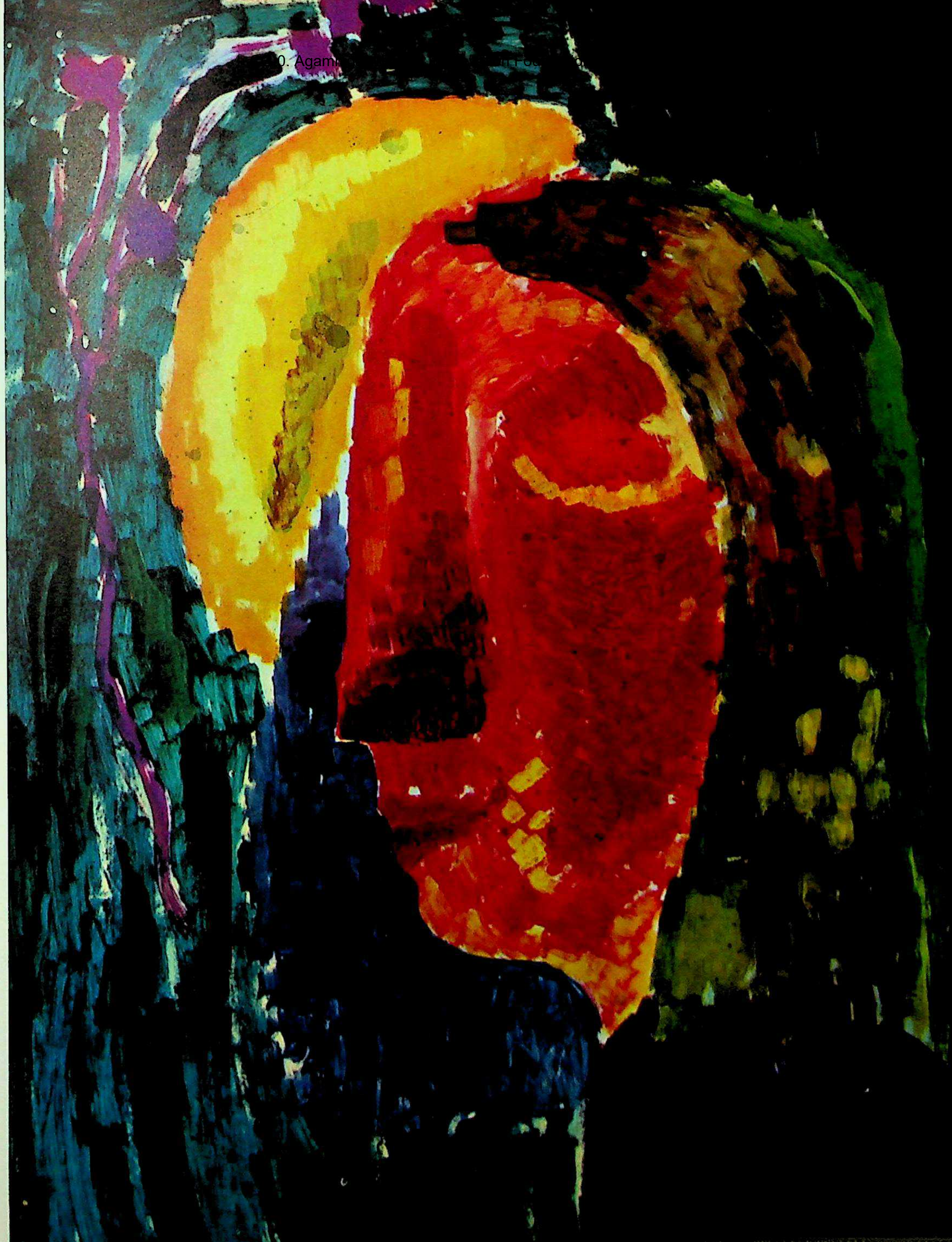

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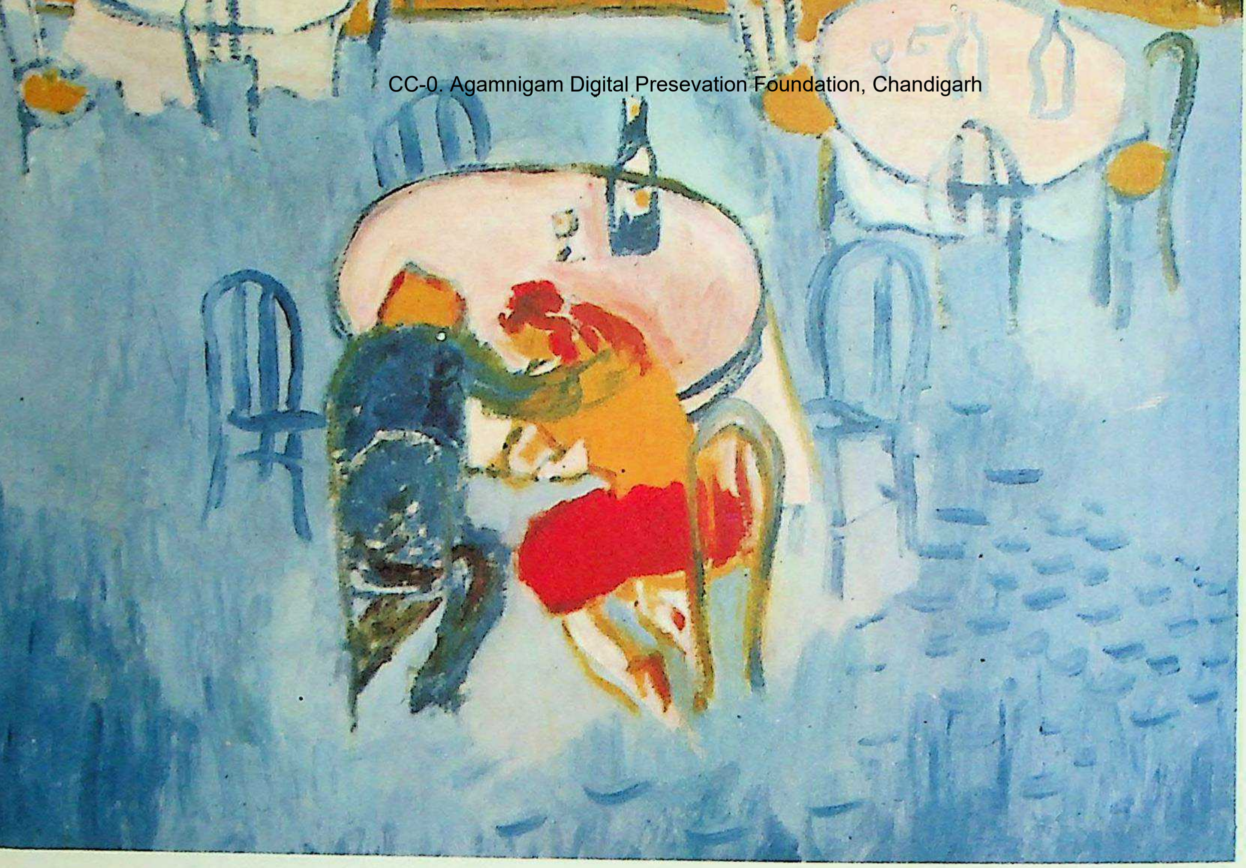

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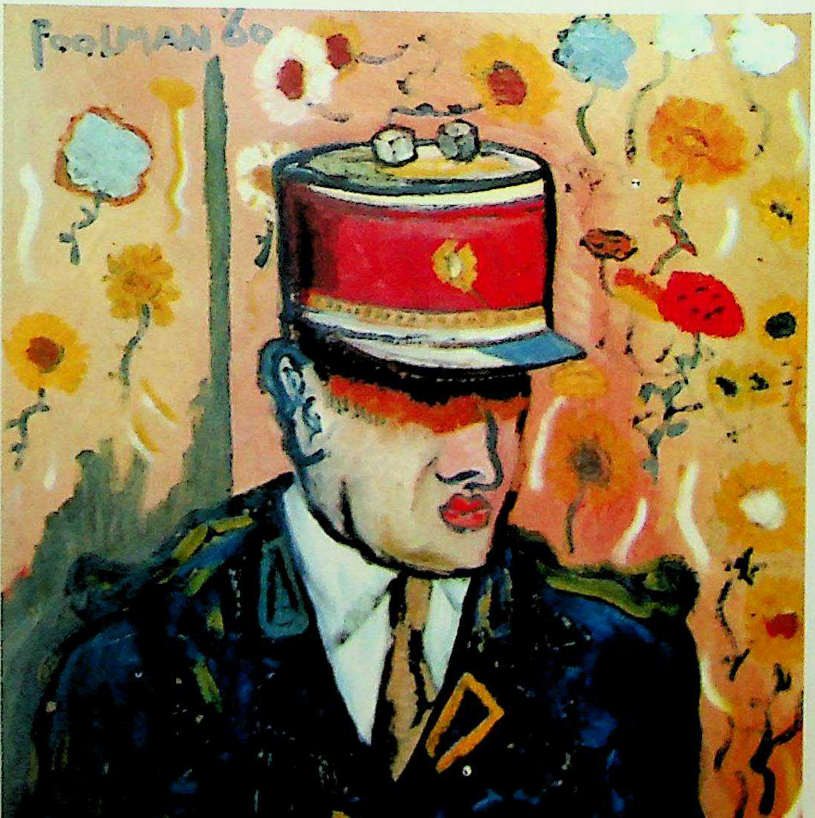


by an event which is being discussed in his surroundings, or about which he reads something by chance in the newspaper, or by an event in which he is himself actually involved. He probably recognizes in the news collected from the world something of his own situation, or he relates what has happened in a capricious way to himself. Perhaps he fancies he can read from it a symbolic reference to what personally concerns him, something about his vocation, his being elevated to the state of a prince, the destruction of the world and the like. Thus, the hebephrenic patient we have already mentioned on several occasions, who regularly covered large sheets of paper with Indian ink drawings of bizarre, incoherent scenes and figures, in February 1953 filled a few sheets with scenes taken from the disaster which hit the Netherlands at that time (the flooding of large parts of the provinces of South Holland and Zealand). This work is reproduced on page 64. This is admittedly in the form of detached anecdotal fragments, in most cases clearly worked out as caricatures, so that we can scarcely say if at all that he sympathized with the misery of the victims. He was too autistically oriented for this. It is, however, obvious that this catastrophe had attracted his attention, even if only for a short period, since he soon reverted to his former type of work. Although he gave no explanation of his drawings, it is nevertheless likely that he recognized something of his own mental destruction in the disaster, and tried to express it.

During the beginning of his illness, the same young man also drew on numerous occasions happenings which took place in the annexe of the mental hospital in which he was being treated. Thus, he represented the nurses on several occasions as guards armed with rifles and revolvers who were driving him into the bathroom to the accompaniment of pistol shots (he resisted washing and cleaning, bathing, etc. systematically). He drew the hospital as being surrounded by high fences like a concentration camp, although there were in reality no fences. He also liked to portray, often in a really humorous way (page 22), small events which took place in the observation ward where he was initially kept. He then in most cases drew himself as a victim of the nurses, as a drowning person in the bath for example.

Movement

It is understandable if the sense of space and time becomes disturbed, that *movement*, as it could be expressed in painting and drawings, also shows disturbances. The ornaments show a stiffening of movement to an apparent movement. It ceases completely in the decorative sheets and stereotypies, perseverations and the like. The often stiff and taut lineation without flexibility or grace is also indicative of this. Bader considers that this can explain the preference of sufferers from schizophrenia for pen and pencil drawings. Sharp and circumscribed lines are said to indicate the rigidity of mind of the artist. It is, however, not clear whether he is also thinking of those patients who are enabled to use other materials as well, such as paint, chalk, etc. Patients

Pl. 52 is discussed on page 169, pl. 53 on page 181

do not have these in the wards and must, if they wish to draw, use pencils and the like. The situation is, however, quite different in the studio, and they often have a very wide choice of materials.

The fragmentation of the figures naturally makes any movement impossible. There is then no longer any continuity, only a motionless spatial field. Only in states of agitation do we still often see movement appear, but it is then not co-ordinated, being in the form of scratches and smears, without any plan, and is not integrated to form a composition. The mental state of the creator can quite frequently be recognized from the degree of movement of the drawing. Thus, a hebephrenic patient repeatedly represented a road. Initially, everything on it was moving, such as people, cars, chickens, prams, a train was passing over a viaduct, cows were grazing in the meadows alongside it (illustration on page 63). Slowly, one moving and living element after the other disappeared. In his last work he showed a completely deserted road leading through a barren landscape under a threatening sky. In the field, only, a few telegraph poles remained. Shortly afterwards, he lapsed into a furious, unco-ordinated smearing and bungling, resulting in a completely chaotic whole, without any structure, and then all expressive activity suddenly ceased. The opposite phenomenon, namely the recurrence of moving elements after Pl. 50 a period of rigidity or complete blocking of all expressiveness, is seen in phases in which the mental condition shows an improvement.

Colour

We speak finally also, as does Billig amongst others, of a regression of *colour*, an obscure term, the meaning of which is not clear. If we mean by it a lapse into dirty, murky colours, or into the exclusive use of primary colours or a reduced sensitivity to colour, then we can by no means always speak of regression in the case of schizophrenics. Reitman and many others consider that chronic patients tend towards the use of vivid and hard colours. They are also said to employ strange, unexpected and unpleasant, inadequate colours, and are said not to like juxtaposing planes of colour which belong together, while they often give the objects they reproduce colours which are different from those they have in reality. According to Reitman, colour and shape are two completely separate things for these patients, each of which goes its own way, perhaps as a result of a disturbance in visual perception. It is certainly not impossible that specific colours have a complex significance for the patient and that he will like to use them in a given context or avoid them scrupulously. A change in colour can also be the result of hostile negativism. It is striking that sufferers from schizophrenia in the Rorschach test attach no importance to coloured marks other than that of shapes. There is consequently no difference with the interpretation of grey and black surfaces. At the most, they merely name the colours: 'that is green', 'that is red', without seeing a shape in them. This is, however, not always the case.

Billig considers that colour in the work of schizophrenics expresses something of their affectivity. Pale, only slightly shaded colours, which cover a wide area, are considered to indicate emotional emptiness. Lively colours, often applied as small areas which show no mutual relationship, are considered to indicate lability as regards mood. A good affective relationship is said to be guaranteed in those patients who apply colours shaded in an adequate way and in defined areas. If colour areas move over one another, then this is said to indicate uncertainty and a tendency to progressive regression. Others have, however, reached quite different conclusions. Naumburg described a female patient who had evolved an extensive code concerning the significance of colours. Black indicated hate, green growth, brown dirtiness, sexuality and guilt, etc. Such codes are, however, strictly individual and general conclusions can certainly not be drawn from them! In general, it may even be said that the symbolic value which patients attach to colours agrees with traditional views in this direction. Yellow is hate, blue is fidelity, etc. The fact that many colours have a dual significance is not typical of the psychosis, normal people also knowing this ambivalence. Red can mean for them love and passion, but also enthusiasm or aggressiveness, anger, murder, war and the like. Colour on its own does not, therefore, necessarily mean very much. Brought into relationship with the content of the sufferer's work, it can, however, certainly point in a given direction. We have already mentioned the complex significance which a colour can have for a sufferer from schizophrenia (for example yellow for van Gogh). If the patient does not say anything about this himself, then it is difficult to decide from the paintings whether he gives a definite meaning to colour. We cannot warn enough against indulging in uncritical fantasies concerning this point, particularly against placing the significance of colour to the normal person and a psychotic personality on the same level.

Although colours can therefore be juxtaposed inharmoniously by sufferers from schizophrenia, or can be murky and dirty, hard and glaring or tingling, this is by no means always so. We are sometimes struck, even in the case of chronic patients, by a harmonious and fine use of colour applied in a responsible way in large areas, correctly shaded, even if the connection with the objects to which it is attached is sometimes strange and imcomprehensible (possibly being intended symbolically). An example of the charming use of colour is seen in the work of a hebephrenic man who first took up painting in the mental hospital, where he was given 'cultural therapy'. Although his drawing technique was very defective, he repeatedly painted human figures of almost monumental proportions. We have reproduced one of these works which is very thin in colour. It shows a human figure seen in profile. The face has no shape or expression and the mouth is missing. We are, however, struck by the large design and particularly Pl. 40 by the very charming red, yellow and blue, by the scanty, but well-chosen use of deep green, these colours together resulting in a harmonious, balanced composition, even if one would not perhaps consider the choice of colours as suitable. This latter feature need not in itself be pathoogical. This handling of colour occurs regularly in Expressionism. We find red horses in Marc and green pigs in Chagall. It is striking that the same patient sometimes uses a fine colour on one occasion and, in a subsequent painting, works in a hard and coarse manner, being satisfied with an untidy and aesthetically completely irresponsible product. A gradual deterioration likewise occurs. We then quite often see an increasing murkiness as regards the use of colour or that the coloured areas are not properly matched with one another. This could be attributed to a deterioration in technical ability and mastery of the material. It is however more likely that deterioration is caused by increasing autism. The value of a colour can never be judged by considering it in isolation. It is determined largely by the adjoining colour which always influences it. Thus, vivid red placed alongside yellow gives the latter a greenish tint. The juxtaposition of complementary colours increases their individual effects. The distribution of colour over the surface is also of great importance for the composition of a painting, for the effect of depth (blue and violet seem to move into the background, while red and yellow spring forward), for the harmony and unity of the whole. The normal artist pays great attention to this distribution. The autistic attitude of the sufferer from schizophrenia, his indifference to the external world, his inability to enter into relationships with his surroundings, his failure to recognize mutual connections, all these and many other factors make it impossible for him in the long run to balance colours correctly against one another and to juxtapose them. In a more complicated work he soon tends to see each of the parts separately, without looking at their mutual ties. We are not, however, justified in reading very much about the mental condition of a trained person who is suffering from schizophrenia from his use of colour, any more than we are from his disturbed sense of space and time and restricted movement.

This inability to see mutual relationships was particularly clear in the case of one of our paranoid-schizophrenic patients. He was a professional painter and had devoted much attention to still-lifes. When he started painting again in the clinic after a period of inactivity, it was found that he always chose only one object from a composite still-life and that he reproduced this in detail, for example a pot, a glass, a flower, but not the whole. When his mental condition began to improve under the influence of various drugs, he suddenly began to paint various elements in the still-life presented to him alongside one another, initially still separately from one another, without any real composition, but later again in their proper context. He began to see the mutual relationships again. The initially faded and limy colours at the same time became warmer and more real. Something similar was found in the case of another paranoid male patient who, after first having produced a series of decorative sheets, started to reproduce portraits and human figures. At first, the heads he painted were still highly stylized, being rigid like masks and stereotyped, but they soon became more naturalistic, until finally he made a highly natural portrait of one of the doctors. During this phase of improvement, the patient also painted the panel, namely a 'family group' which is reproduced in this book. We are still struck in this Pl. 19

work by the wooden and hieratic elements in the attitudes, the full view of the figures, the mask-like character of the faces, the stereotyped repetition of various formal elements, such as the identical position of the hands in the man and woman, the repetition of the colours blue (the shirts), and dark brown (the trousers and the skirt), the virtually identical facial expressions, etc. Likewise, we do not see a real 'group' in the sense of a party of people who are together, who are held together by a mutual relationship. Three people are merely standing next to one another, they have nothing to do with one another. The disturbance in contact of the creator of the painting consequently appears clearly from his work. The fact that he nevertheless finally succeeded again in putting a few human figures together – even if still very loosely – pointed clearly in the direction of an improvement in his mental condition, this also being confirmed Pl. 52 clinically. Much more sensitive is the scene in a café painted in light colours in which a man and woman are sitting together at a table, the man appearing to be wanting to console the woman (?). Here we can clearly speak of a definite form of being together. The painting was made by a hebephrenic young man during a phase of improvement. It is more or less impressionistic in technique, the colours blue and yellow predominating.

The use of colour by sufferers from schizophrenia must always be seen in conjunction with designing and the use of line, rhythm, etc. The experience of one of our patients was very curious. It was a girl with a strikingly good introspective capacity who, although completely untrained, had a very high degree of sensitivity for colour and who, after recovering from the acute phase of her psychosis, said that she had not perceived any colours at all in that phase. Everything had been as in a black-and-white film, which had alarmed her very much. During her recovery she continued to use pale, pastel-like colours, never achieving vivid expressions with primary colours.

Although neurological literature about the seeing of colours is very extensive, coupled with the fact that a large number of psychological publications on this subject has also appeared in recent years, there is little that can be stated with certainty on the subject. It has nevertheless been firmly established that the perception of form and colour are separate. In certain cases, one has been lost, while the other has remained fully intact. We cannot consider further the many hypotheses which exist on this subject. In any case, we cannot, in cases of a disturbance in the colour sensitivity of a patient, infer that there is a localized lesion of the cerebral cortex. Although it is assumed with some investigators that schizophrenia must be explained by such a localized lesion – as we saw when discussing disturbances in the sense of space and time – no support can be found for these views by reference to the modified sense of colour in sufferers from this disease.

Content

It is striking that *hallucinations* are only rarely portrayed by schizophrenic patients, although it is of course possible that various elements in their expressive work, which the observer finds strange and unintelligible, are of hallucinatory origin. There is in our collection a work made by a commercial artist during a catatonic delirious attack at the beginning of his psychosis. The materials used were pencil, Indian ink and red chalk. Apart from the bizarre and incoherent content of the work, we are struck by the fine 'matière' and construction. It is virtually certain that it is the reproduction of an optical hallucination. On the right stands or hangs a clown-like figure whose head is carefully drawn, the body however remains incomplete and disappears into nothingness. The trunk shows very charmingly the primitive 'X-ray' structure we have already mentioned. We see through the skin and muscles a part of the skeleton, the ribs, sternum and the head of the humerus, in addition to 'nerve threads and nodes', as the creator once said. The tree-shaped element on which the trunk, which has no arms or legs, more or less sits, probably has a phallic significance, at least the creator once gave an explanation in that direction during the many discussions about the drawing. We also see in the work a goblin-like figure (perhaps also intended phallically?), a reclining deer(?), an animal resembling a horse standing in conjunction with the clown, who has on his head a further beast of indefinite form which seems to be pressing the head to the left. The importance of red, applied irregularly over the sheet, and the grey shading remain completely obscure. The whole work gives the impression of flowing and gliding away. The patient was unable to say anything definite about this strange, yet fascinating work when he attained a better state of mind. We can therefore only guess about the significance of its content. Each time he was questioned about it, he gave quite different explanations and commentaries. Only once did we consider we had anything to go on from his statements. Perhaps the painting does not indeed signify anything. It creates a confused, incoherent impression. The figures have nothing to do with one another and merely float past one another. It was carried out in a state of excessive disintegration, in which the patient was afraid and restless and was clearly hallucinating. We clearly see in the drawing the terrifying aspect of the images he had seen. Pl. 22

The terrifying element which hallucinations can have also appeared from a few drawings in black chalk made by a girl in an acute hebephrenic outburst. She saw herself threatened on all sides by hideously grimacing heads of monsters, large birds and the like who wanted to tear her to bits. The very strong affect with which she reacted to these visions appears, inter alia, from the very tense lineation in the drawing. Pl. 20

Since visual hallucinations do not occur as much in schizophrenics as was once assumed – auditory hallucinations are much more frequent! – it is not so surprising that they are seldom reproduced in drawings. Sometimes one succeeds at a later stage, namely when the patient is in a more balanced state, in persuading him to reproduce the visions he has seen. We must then make allowance for a secondary elaboration of the original content, with falsifications of memory, stylizations, the renewed occurrence of repressions, etc. Thus, a professional artist made, at our request, a long series of pen drawings in which he reproduced the visual hallucinations he had experienced and which had made him very frightened and depressed. Some of them create a Goya-like impression, and all of them show a menacing break-through of aggressiveness. We are also struck by the sadomasochistic elements present in them. Thus, his drawings included a crowd fleeing in a panic before a monstrously large bird of prey, he himself being strangled by the monster; himself at the open coffin of his little daughter (during the acute phase of his psychosis he imagined she had died); drunken, muttering soldiers; fighting horses biting and tramping on one another, and the like. The work reproduced shows a large, cavernous and bare room in a prison where a cruel looking soldier is on guard with a bayonet on his rifle. The artist himself is balancing, with a rope around his neck which ends in a rope around the neck of another man, on a narrow beam above the large room. If one of them falls, then both will be strangled. Clusters of corpses of men who have been subjected to the same test of equilibrium and who tripped illustrate in no uncertain way the danger of death which he is experiencing. His wife and child (in the lower right-hand) corner do not dare to look at the horrible scene. A 'bird of death' is looking at the scene and waiting for him. Although he accomplishes the feat of balancing above the abyss without falling down, the return to his old and familiar surroundings remains barred to him. Pl. 21

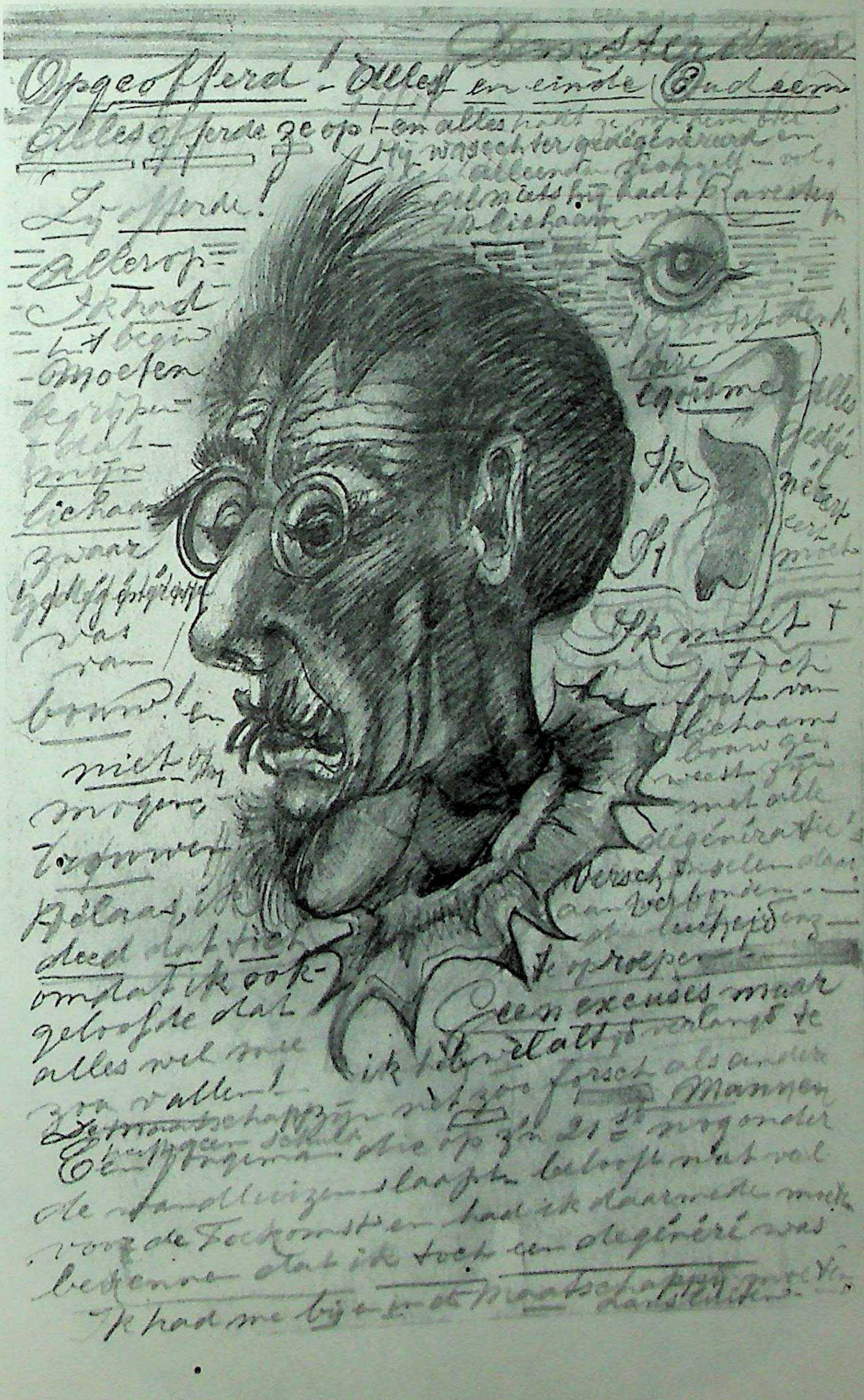
Prinzhorn suggests as a possible explanation for the relatively rare occurrence of reproductions of hallucinatory experiences in the pictorial work of sufferers from schizophrenia their very special character as subjective experiences. We have already seen that the patient experiences his hallucinations, visions and 'voices' as being intended exclusively for him. It does not surprise him that others do not see and hear the same things as he does. More important than the more or less real character of all this and whether or not it is clearly perceptible through the senses, is for him the significance which the visions have. They are for him revelations, illuminations, disclosures, indications, in other words mystic experiences. These are always difficult to express and represent. The patient also scarcely has any need to speak to others about them. This also applies to the putting on paper of genuine mystical experiences or to communicating them to others in any way. Only much later, when the emotional impact has somewhat abated, and what has been seen or heard has been pondered over, arranged and further processed emotionally and intellectually, and has consequently come into the rational sphere, so that a certain distance therefrom results, can the mystic arrive at a reproduction of his experiences. This he still often does in a language which is virtually unintelligible to us and in symbolic images which are difficult to penetrate. We see the same thing in the case of sufferers from schizophrenia. We have already mentioned the Neter case of Prinzhorn. Many years after being confronted with a vision which was moving for him, the patient was still engaged in reproducing parts of it in a drawing.

We often doubt when viewing schizophrenic drawings or paintings whether it is a question of the reproduction of real hallucinations or of strange products of fantasy. The patient must himself be in a position to say how he arrived at the peculiar image if we are to be able to say anything about it with certainty. Essentially, this does not of course matter so much, at least as far as the content is concerned. Hallucinations are projections of thought contents, of wishes and ambitions which are not recognized as coming from one's own personality. Fantasies contain the same ambitions and longings, but are not projected immediately, and are recognized as being one's own, at least if the opinion does not arise, through a disturbance in the consciousness of activity, that they are 'prompted', autochthonous thoughts, that is to say after all of external origin. Both are consequently closely connected with 'Anschauungsbilder', the images which the patient himself makes of things.

The reproduction of hallucinations does not, from the formal point of view, need to be anything different from that or real objects. Thus we cannot say that vague, flowing lines should be typical of reproduced hallucinations, any more than should the use of certain colours. Experiments carried out on normal persons under the influence of mescaline, L.S.D., etc. are not very relevant. Drawings carried out in the intoxicated state do not show any really typical features. The well-known American artist, Hyman Bloom – considered by Barr to be amongst the American romantics because of his subjects, but a typical expressionist according to European standards – subjected himself to an L.S.D. experiment under Rinkel's direction. We see in the plates reproduced by the latter a clear technical deterioration, but nothing typical appears. A serious objection to Rinkel's publication is also that he does not, as comparative material, reproduce any works from Bloom's 'normal' period, so that one cannot infer anything from viewing the reproductions to his article! There is, in any case, no question here of hallucinations. We can, at the most, speak of illusionary falsifications. The work of the same artist under the influence of mescaline does not show any clear differences from that carried out during the L.S.D. intoxication. In spite of the author's assertions, these results are not important for a better understanding of schizophrenic pictorial expression, although superficial similarities can be seen.

Because of the ambiguity of schizophrenic products, the distinction between hallucinations and fantasy images becomes even more difficult to establish without elucidation by the patient himself. Every structure can have many meanings, possibly at the same moment, or can be completely devoid of meaning. A hebephrenic girl gave as the explanation of one of her oil Pl. 32 paintings: 'that is my parental home'. One can in fact without difficulty recognize something of the structure of a house in the painting. The same work was nevertheless also the portrait of her grandfather. After prolonged questioning, she indicated as the eyes the horizontal streaks

Pl. 54 is discussed on page 180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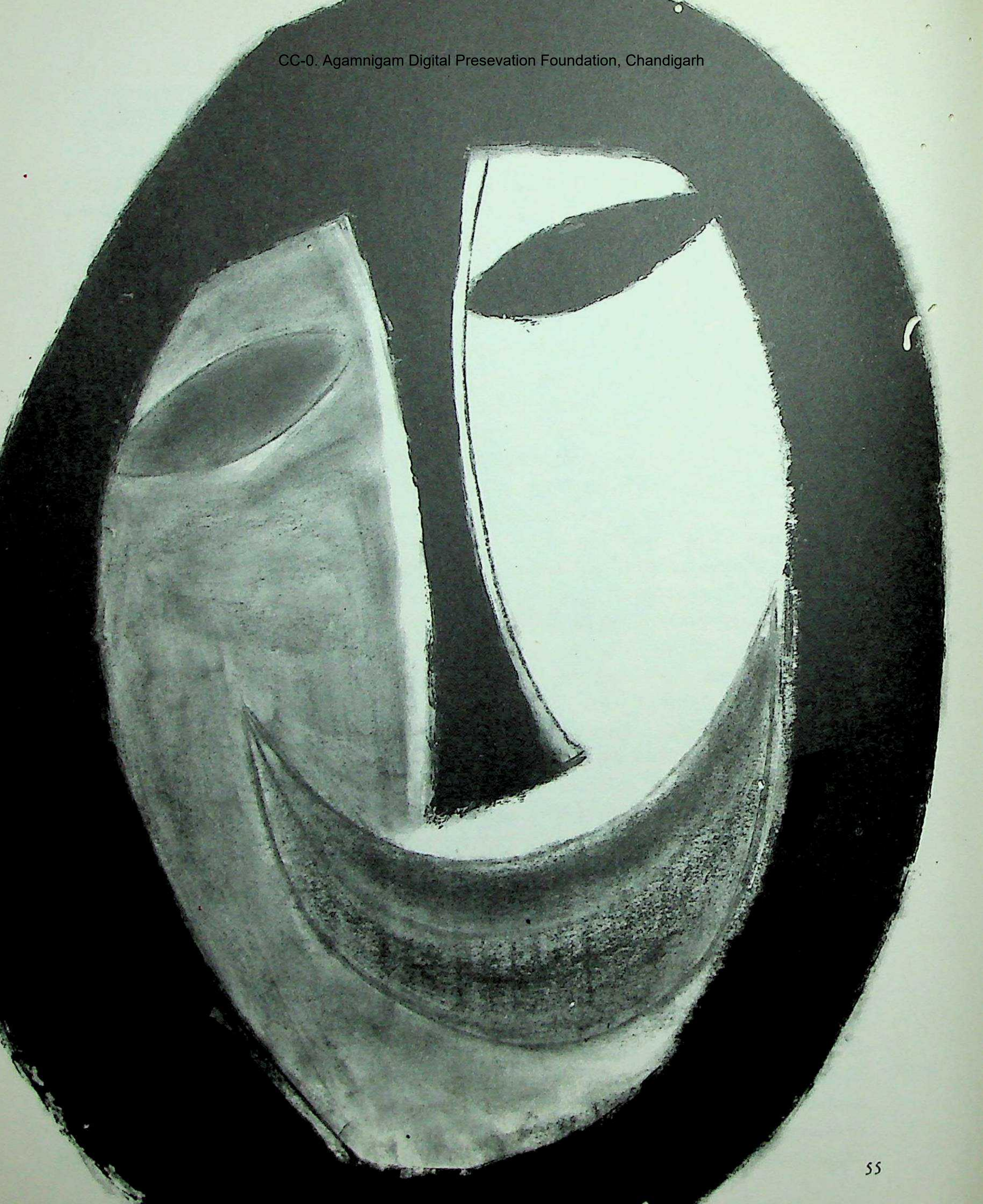


(black, and red at the top) in the white area that fills the right-hand side of the lower half of the work, as the nose the dark mark in the middle, as the mouth the horizontal streak under it, etc. She either could not or would not offer any interpretation about the significance of the elements above the curved red line which passes diagonally across the picture. She later also persisted in this dual interpretation of her painting, without however being able to offer any further explanation of it.

A quasi-profundity, which merely conceals emptiness or is nothing more than idle show, quite often occurs, particularly with sufferers from hebephrenia. As a result, their works sometimes create a clown-like impression. Ambiguity which can in most cases only be very fragmentarily disentangled, through lack of co-operation by the patient, appears also from the formal elements. This we see, for example, in the fairly frequently occurring *contaminations.*
Pl. 28 Certain elements are put together in a strange way or merge into one another. Thus, in a picture by one of our patients – a case of dementia paranoides – the hair of a woman, drawn very carefully with a hard pencil, merges into the claws of a beast. Is this the reproduction of a hallucination, a fantasy, or the representation in 'telegram style' of a long associative series? We think of this latter possibility if we ask ourselves what the birds in the head signify, one of which replaces the nose. The strange structure on the chin which can represent both a beard, a choker or a fish. The strange, fixed faces in the background, etc. The same question can be asked concerning the work of another patient who painted in oils a figure which has, in place of a head,
Pl. 35 a watch and in which the arms merge into the wrist-band of the watch, while the feet are missing completely. Is this a tormenting hallucination which pursued the patient and from which he tried to free himself by portraying it? Is it the symbolic representation of 'mechanized man', man as 'the slave of time', of the 'robot', or of what then? Is it merely a playful fantasy, a silly idea without any further meaning, so that we must not seek a deeper significance in it? Or is the creator merely reproducing a few elements from a long series of associations, such as, for example: a woman is doing up her hair because she wants to go out; suddenly, she recollects that it is already late and that her friend will be waiting for her in town, and she says to herself: 'I must think of the time', etc.?

Pl. 27 And what are we to think of the large, complicated work in poster colours which shows a drab green sea, out of which rises a completely bare rock, while alongside it a gigantic figure floats in the air, its legs, on closer inspection, forming the fingers of an enormous hand, merging into the abdomen of a human figure, which is filled with sky-scrapers, a railway bridge, a railway goodyard and other elements which cannot be clearly recognized, while an aeroplane and a rocket, seemingly coming from the city, are flying off in a wide arc towards the giant's head? What have the rock on which the waves are breaking and the giant to do with one
Pl. 31 another? It is precisely in cases of contaminations of this type that we should be careful in interpreting content. The odd standing figure without arms, whose head is apparently split by a deep-

Pl. 55 is discussed on page 180

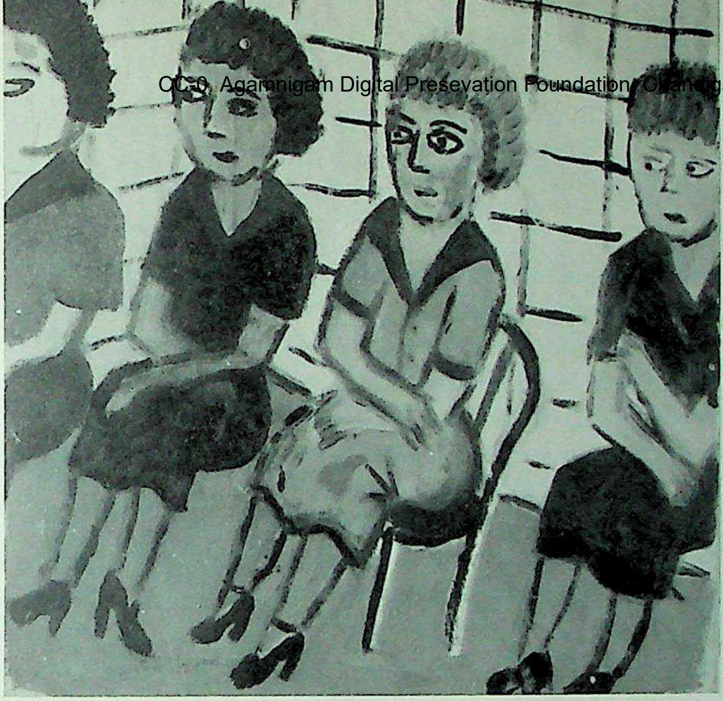
green wedge, is also very grotesque. Its eyes are far apart and its forehead missing. There is a sort of crown on its head. The colours are dirty red and yellow, while the figure is outlined in black. We are struck for a moment by a comparison with certain works by Picasso. Is this a bizarre fantasy, 'a joke', a visual hallucination, or the symbolic expression of the split nature of his own personality?

An oil painting shows a rider seated on a primitively painted horse. The elements in the right Pl. 30 foreground, namely a human figure (?) and two small houses, do not fit at all into the whole as regards their dimensions, the perspective having been changed. In the left foreground we see another human figure of approximately the correct dimensions, but without arms, the right eye also being missing. The background is formed by a group of trees. That on the extreme left is in fact a tree, being painted in a hard green, a grimacing head appearing in the top near it. The trees on the right are scarcely recognizable any more as such, although they are of the same hard green colour as that mentioned above. They have rather become repulsive giant figures. A human profile is growing from the trunk of one of them. We can really no longer speak of a top, this being replaced by coarse, large heads. Heavy, black lines projecting from the dirty green indicate branches. The whole creates a distorted and chaotic impression. Green, black, red and hard yellow are the predominating colours, being poorly matched with one another. Here too, we ask ourselves whether it is a question of terrifying hallucinations or of a grotesque product of the fantasy.

Our last example of this type of mysterious creation – which occurs very frequently – is the Pl. 29 figure painted in blue oils, clearly intended as a human face, but showing a striking distortion. The upper part of this face is normal up to and including the two eyes which are placed normally with regard to one another, bearing in mind that the creator was untrained. At the level of the root of the nose, the face nevertheless suddenly becomes torn apart as it were, and two faces are formed. The nose is doubled in the lower half, while two mouths are placed at a large distance from one another. We think involuntarily of the doublings which can occur during mescaline and L.S.D. intoxication. Perhaps this peculiar work does in fact represent a hallucination, although this is by no means certain.

Distortions and contaminations cannot be considered as pathognomonic for any psychosis at all. Many modern painters, who are not to be regarded as mentally ill, make deliberate use of them in order to obtain certain effects. Chagall even does so in a fairly stereotyped manner, so that the element of surprise in his works has begun to suffer seriously as a result. People having instead of a human head that of a hen or a goat, pigs with the heads of cocks or human beings, fish with a clock on their stomach, possibly also having wings, human figures with two faces, with too many fingers, etc. occur regularly in his work. Picasso continually tears the human face and the human figure to pieces, so that if we look at the numerous reproductions in Duncan's publication about him, *Picasso's Picassos*, we soon become bored. The stereotyped repetition of

Pl. 56 is discussed on page 209, pl. 57 on page 201



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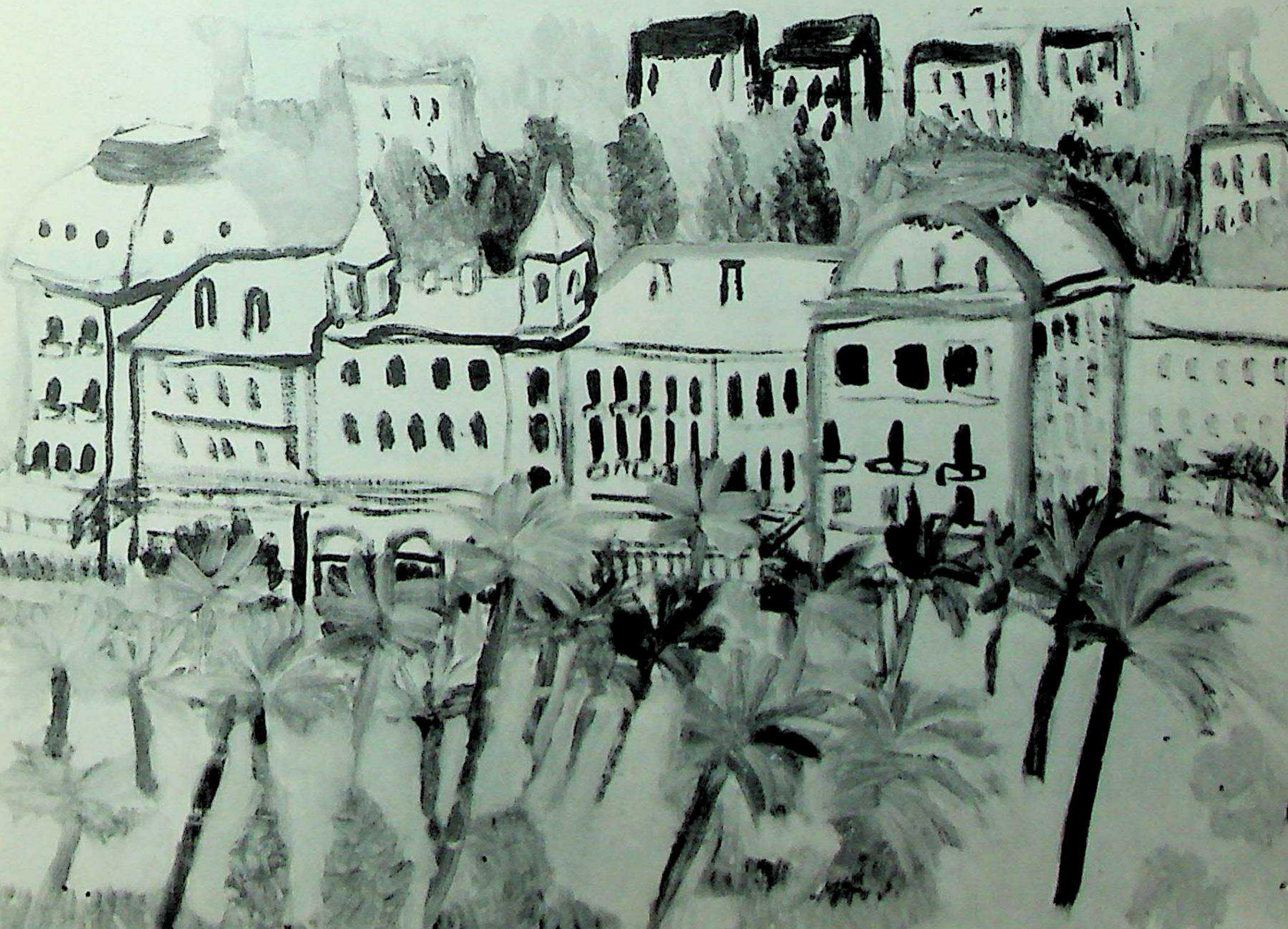

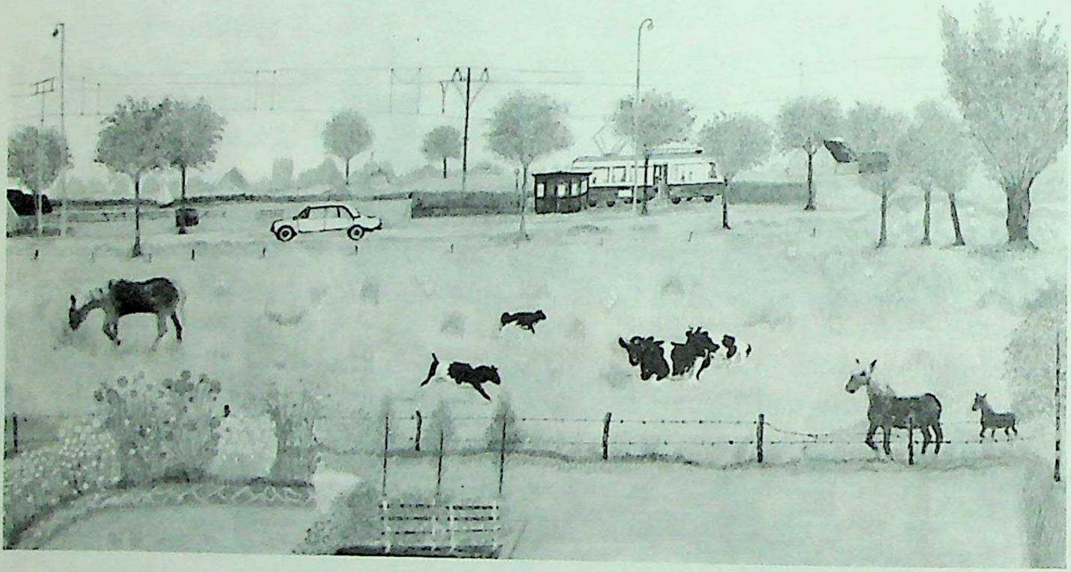

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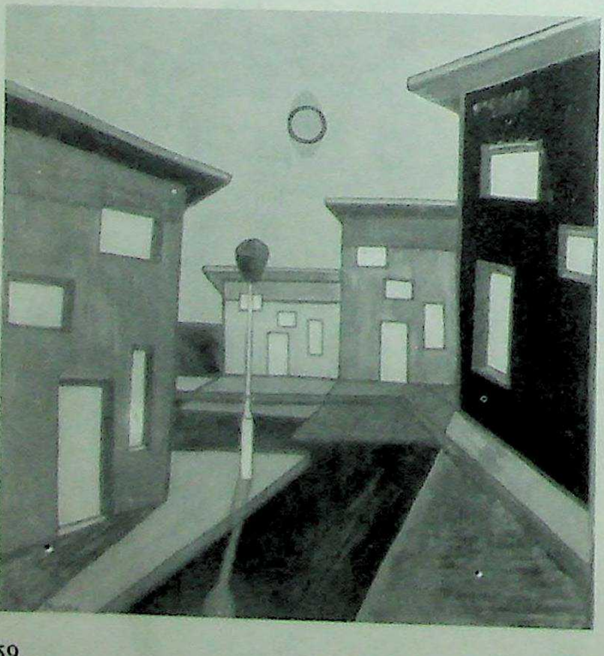

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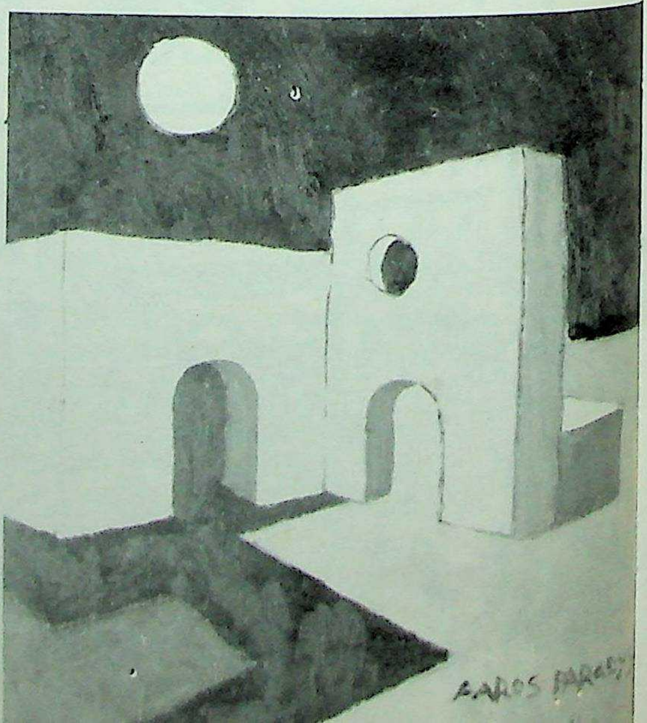

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the same distortion has a monotonous and exhausting effect. Even with the genuine surrealists, such as Dali, Ernst, Magritte, etc., we continually find distortions and contaminations. They use both elements, particularly to represent symbolic forms.

Contaminations and distortions do not, therefore, always point to the occurrence of hallucinations or modified perception. The view taken by G. Schmidt: 'Indeed from the strictly formal aspect, anatomical distortion constitutes *the* characteristic attribute of the works of psychotics' is also completely untenable. We do not need to think of technical imperfection, such as in the work of those who are not trained and who naturally use wrong proportions and the like, but need only to look at the work of expressionist artists to see that they deliberately use anatomical distortions. We would be committing a serious error if we were to make the diagnosis 'schizophrenia' or, more generally, 'mentally ill' on the basis of a work in which the human figure was represented in a distorted way. Since the decline of the old classical rules of form in the plastic arts, it could be said that we scarcely any more find normal human figures in paintings. It would also certainly be going too far to stamp all these modern artists as mentally ill!

We must in this connection mention separately the reproduction by the sufferer from schizophrenia of the human face, the schizophrenic *portrait*. We have already noted that Mohr saw, as early as 1906, that the psychotic patient is not capable of copying any drawing properly. He was the first who tried to use the work of psychotics for experimental psychological purposes. Reitman refined and extended his investigations. He discovered that schizophrenics are incapable of interpreting the significance of a given facial expression correctly. They are likewise unsuccessful in representing a given facial expression in drawings. Use is made of this inability for diagnostic purposes in the Pinman test. If the patient is asked to draw a sad, happy, angry or frightened face, he will not succeed. We must, of course, be careful in the interpretation of the results of this test. Many normal people, who are not trained in drawing, would likewise fail in this! It has also appeared that simple, yet mentally healthy persons are likewise incapable of interpreting correctly the expression in a portrait shown to them. These discoveries are nevertheless important. Mimicry, as a psychomotor expression, tells something about our own emotions to our surroundings or, consciously mastered, tries to suggest a certain state of mind resulting from the surroundings. It is also of great importance in inter-human contact. Disturbance in contact is stressed in schizophrenia. We may regard the various psychomotor deviations, such as strike us particularly in catatonia, as an attempt to restore this contact. In artificiality, the often peculiar mimicry, grimacing etc., we can, with Freud, see so many attempts 'after all' to enter into a relationship with others. Since these attempts do not appear to succeed, the sufferer is said to arrive at an exaggeration of his expression, he does not express himself adequately and is not in a position to do so. According to Kris, this failure in the autoplastic sphere corresponds to alloplastic failure, namely in artistic production. The sufferer cannot express himself adequately, any more than he can give the adequate expression to the

Pl. 58 is discussed on page 200, pl. 59 and 60 on page 201 head he is to draw. As a result of his autism, he is likewise not in a position to recognize the emotions represented on the face of another person.

Kris, who has defended this psycho-analytical view in various publications, illustrates it on the basis of the work of the Austrian baroque artist, Franz Xaver Messerschmidt who developed a paranoid form of schizophrenia at the age of about 35. During his long psychosis, he made 69 busts which he himself called 'physiognomonic studies'. It was his desire to represent all types of human emotions in his heads. Although his technical skill as a great sculptor showed no regression, his heads strongly resemble one another, a strange uniformity of expression in fact being typical, although his busts all bear a different name. They represent little more than rigid masks. Kris finally comes to the conclusion that distortions initially occur in portraits made by schizophrenics. Emotions are exaggerated in them, resulting in a strong expressiveness, but of a forced and consequently unconvincing character. This can be so marked that the observer no longer understands what the face is intended to express. He sees merely a sneer, a rigid grimace. It is therefore understandable that we rapidly gain the impression of emptiness. The 'empty' facial expression is actually often a very striking element in the schizophrenic portrait, particularly in works by patients who have been exposed to the process for a prolonged period. They project their own inability for contact with others into their work. Enclosed in itself, psychomotor activity becomes rigid in so far as it is attuned to fellow-beings. The face becomes a mask. G. Schmidt expresses this strikingly when he says: 'The art of the psychotic is a lonely monologue, its substance and form being independent of any collective norm; a soliloquy delivered into a tragic void'.

We reproduce only a few examples from a large number of specimens of portraits. Closely connected to a scribble is the pencil drawing, intended as a self-portrait, by one of our patients, in which a depressive condition is apparently to be portrayed, while fear can perhaps also be recognized in it. These feelings are, however, not clearly reproduced. A strange structure on the upper lip makes them even less certain, since, we can, as a result, hardly grasp the face as a whole. There are mistakes in drawing (the nose is wry, the upper lip is too long, the ear is too high, etc.). These are important in this case, since the creator was a reasonably trained artist (his profession was that of scene-painter for the theatre). There is only a grimace, which does not in fact express anything definite. The sheet also contains inscriptions in which can be recognized all sorts of self-reproaches and self-accusations. Meaningless streaks, an isolated eye and the auricle of an ear create, together with the irregular writing, a confused impression. Completely stiffened into masks were the heads, drawn in charcoal and chalk, by a hebephrenic girl. Because of the caricature-like design we think here involuntarily of Eskimo masks from Alaska. Although drawn powerfully with a firm hand, showing a good design, these masks do not express anything. As far as expression is concerned, the upper and lower halves of the face have nothing in common. No real emotion is reflected there. Just as rigid and unnaturally

Pl. 54

Pl. 55

Pl. 43

distorted is the self-portrait by a catatonic young man, in which the facial features appear to merge into one another and no longer express anything. A hebephrenic girl made long series of paintings in oils or poster colours which she herself called 'Portraits'. They always in fact represent human faces, seen full on and strictly symmetrical in intention. These faces never, however, had any expression. They were rigid, hieratic, like masks, and as if petrified. The eyes were Pl. 49 often shown as being closed. The head which we reproduce is incorrectly drawn, the chin being missing. The use of colour, namely the red face with white and yellow streaks, against a dirty green background, creates an unpleasant impression. Although strong in colour, our Pl. 51 final example of this genre, a female self-portrait, is just as rigid and meaningless. The face, seen in profile, is vivid red with a few yellow touches. The forehead is missing, the left eye, which is too far back, is closed and really only recognizable as such by the yellow line of the eyelid. As in primitive reproductions of the human face, such as are adopted by Picasso and other modern painters, the head is really reproduced both in profile and full on. The hair is green and red in colour. We do not see here a real human face, only a mask, which expresses nothing. Since its creator gave no commentary on her work, the significance of the half-moon-shaped yellow mark at the left, above the head, and of the blue area below it remains unexplained, just as the meaning of the flower-shaped violet element in the extreme left of the painting. We can likewise say nothing with certainty about the possible symbolic intention of the colours. The painting is perhaps satisfying from the point of view of filling an area, but it is, as a portrait, empty and meaningless. The self-portrait in chalk on page 16 gives in its powerful lineation evidence of a practised hand. The large eyes stare at us in a Medusa-like way from a rigid, strictly symmetrically reproduced face.

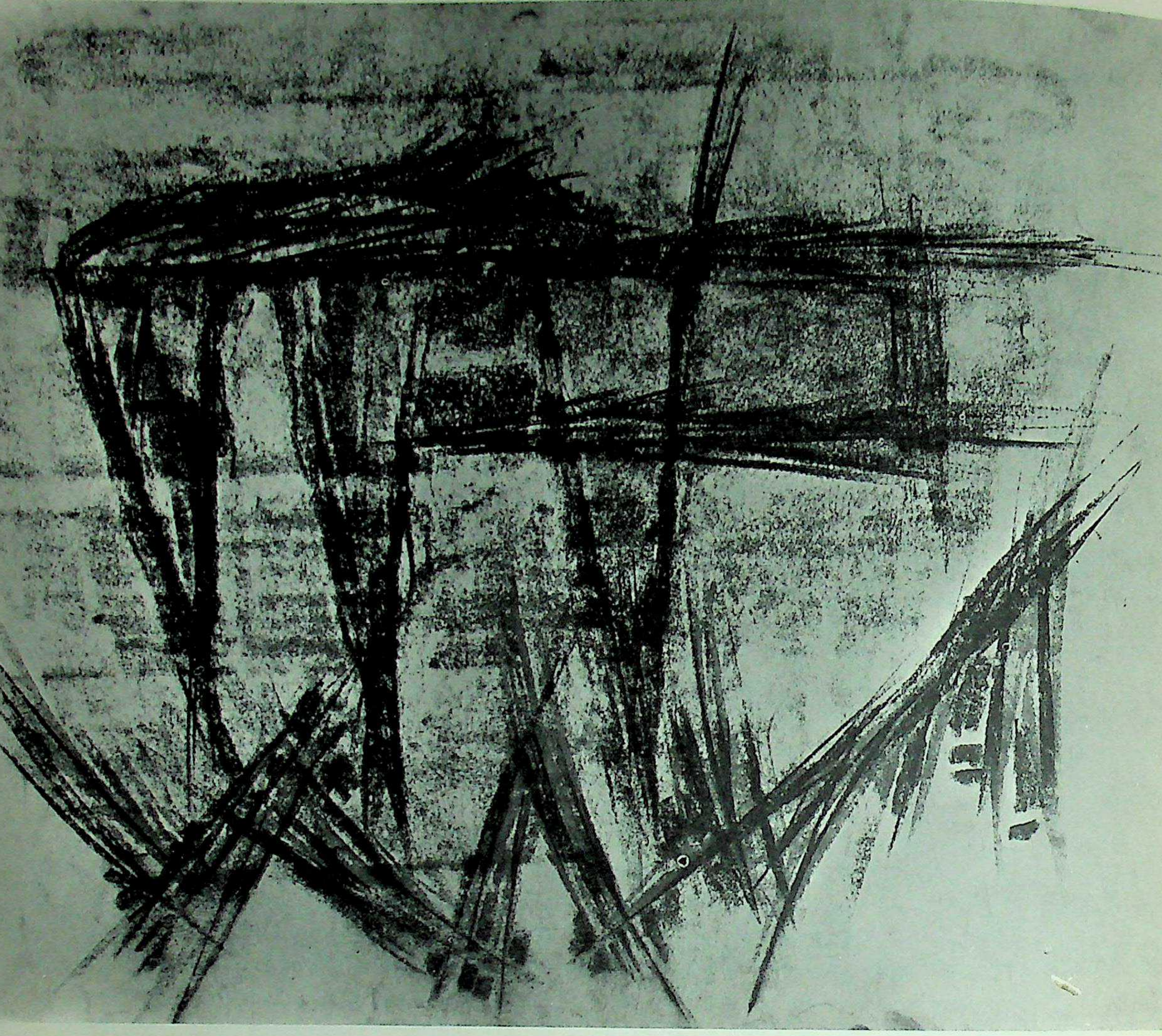
We have spoken about the difficulties confronting us when, on viewing a schizophrenic product, we ask ourselves whether it is a question of a hallucination, a fantasy or a senseless, playful idea. *Concretisations* can intensify this doubt. A hebephrenic young man made a pen drawing relating to 'book week' (page 66), into which he introduced, in a really humorous way, many things relating to books. All sorts of posters are trying to stimulate the sale of books, a traffic policeman is standing on a pile of books, everywhere people are standing reading, even the cyclists are reading in the busy traffic, etc. Amongst this varied array of concrete elements we suddenly see a man's name, 'Kees Boeke' (= books). An abstraction suddenly acquires a concrete significance! This same patient produced many works of this sort which he often explained by means of inscriptions. Thus, he represented a man with enormous incisors, with the explanation that this figure 'was sitting eating with large teeth'. Whether a playful idea or a real schizophrenic disturbance of thought – concretisation – is more probable here, concretisations can in other cases certainly serve to depict a hallucination. Strange is the oil painting representing the Pl. 53 portrait of a French general. While it creates a pleasant impression as far as the use of colour is concerned, we are struck by the fact that the background springs forward excessively. It is filled with vividly coloured flowers which do not fit in at all with the portrait. Also, there are on the charming red kepi two dice which are apparently intended symbolically. The patient himself gave a clearly 'concretising interpretation'. Although he, autistic as he was, was not at all interested in the news from the papers or the radio, he had nevertheless picked up a conversation concerning General de Gaulle's policy, in which it was said that, as far as Algeria is concerned, he 'was playing for high stakes', while there was also some mention of his 'flowery' language. This caused the patient to produce the painting. He reproduced a 'general' in an old-fashioned French uniform with a red kepi and blue jacket. The flowers in the background are his flowery language, the dice on top of his cap representing his 'high stakes'.

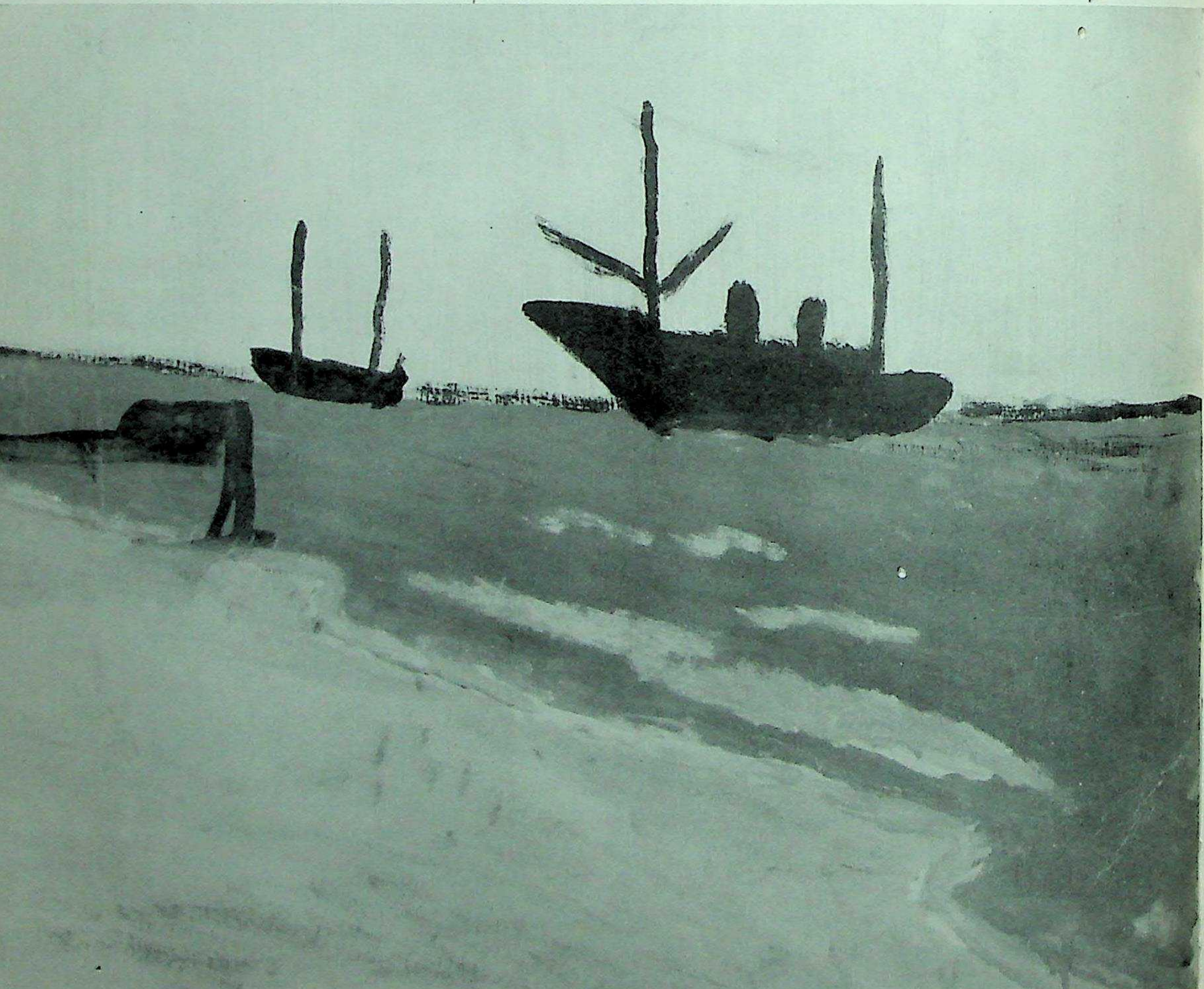
Distortions, contaminations and concretisations, taken on their own, need not be interpreted as pathognomonic for a mental illness. If they occur in great numbers in one work, or if the artist makes strikingly frequent use of them, as a result of which a certain stereotypy threatens to occur, then the chance that he is suffering from a process psychosis is nevertheless fairly great.

Finally, we may ask ourselves whether visual or other hallucinations form the basis of drawings and paintings of visionary content, such as, for example, the Apocalypse, ecstasies and the like. We sometimes gain the impression that this is in fact the case, particularly if unintelligible and bizarre elements occur in them. These representations nevertheless often create the impression rather of being allegories or simple reproductions of 'Anschauungsbilder'. The level of intellectual development, religious conviction, sensibility as regards spiritual feelings and the like naturally play a large part in the reproduction of these existential experiences, although we must not assume a primitive personality structure if these experiences are reproduced in a very concrete manner.

The apocalyptic drawings of a Eurasian hebephrenic girl from an intellectual background were clearly of allegorical significance. In her case, the schizophrenic process had at first developed slowly, then quite suddenly assuming an acute character, in which she was very frightened and hallucinated to a large extent through the various sense-organs, but principally auditorily. She also slowly began to produce many terrifying delusions, amongst which the destruction of the world occupied a prominent position. After the acute phase, she quickly became inactive and soon gave the impression of being an autistic, blurred patient with whom contact was scarcely possible. During the initial phase of the outburst the patient filled a large number of sheets, mostly in pastels, of a tensed and moving character, in which she represented herself as being the helpless victim of irresistible evil forces. Sometimes as a top or cocoon, rotated by a monstrous, large hand which must be considered rather as a claw, then again as a child waylaid on all sides while lost in a wild forest full of horrible creatures and in which the trees also assumed ghostly, threatening shapes; or as an eyeless, diminutive creature, paralysed under the Pl. 26

Pl. 61 is discussed on page 212





fixed gaze of an enormous grimacing face, and the like. These pastel drawings were perhaps reproductions of hallucinations, although this cannot be established with certainty. Suddenly the patient began a series of works in which she showed the passing away of the world. We Pl. 23 have chosen four drawings from this series for reproduction. Certain sheets showed a huge funeral pyre through the flames of which ghostly faces peered, strangely merging into one another after the manner of contaminations. The funeral pyre soon disappeared, and the sheets assumed a more abstract character, with red, yellow and blue vortices filling the whole paper. Real, but expressionless faces (again as contaminations) were still scratched in with a hard pencil. Unexpectedly, there occurred the drawing of an infinite sea, in which there was still a concrete element in the foreground only, namely a bare piece of rock as the only fixed point. There was no life in this sheet, likewise no movement, not even in the water of the ocean. Everything was congealed. This was followed by a few even worse pastels without any structure, which degenerated more and more into doodles. Only the pale blue circles and stripes appeared now and again to express something. With this, all artistic productivity ceased and imbecility rapidly occurred clinically. Although the patient still tried to give an explanation of her initial works, even if in a vague and incoherent way, continually speaking about the destruction of the world, one gained the impression that she was seeking means to express a subjective, moving existential experience rather than that she wanted to express pictorially a future concrete event. We may also doubt whether visual hallucinations played a part here, this doubt being intensified by the fact that she never spoke about 'visions', but certainly about 'voices' which communicated to her.

A similar situation occurred with a very intelligent male sufferer from schizophrenia who, Pl. 24 during a fairly long period of his psychosis, produced drawings in wax crayon which were intended to represent the destruction of the world in the form of large red suns setting above a deserted sea or a lonely beach. From his commentaries it was immediately clear that he intended to represent an apocalyptic event. In the drawings by this patient we were always struck by the placing of a 'frame' around the whole or only at the top. We have referred to this phenomenon earlier as possibly a last magic defence against the feeling of 'flowing away' into nothingness. It is not surprising that this defence occurs particularly in paintings concerning the destruction of the world.

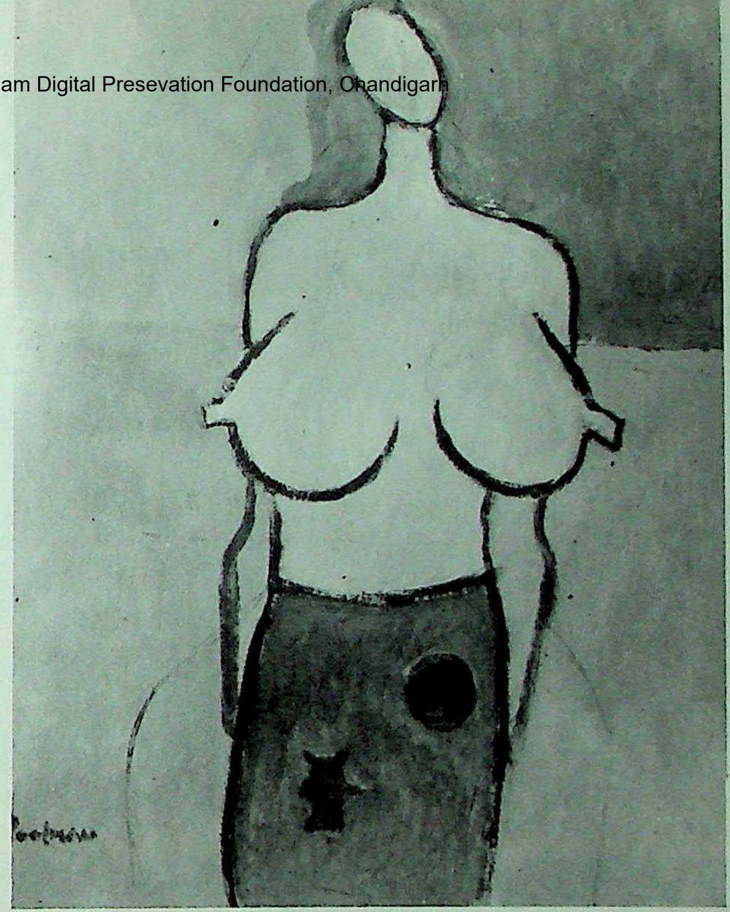
Hallucinations were very probably the starting-point of the very primitive, yet moving representation of the destruction of the world by a young patient, considerably less differentiated as a personality than the two previous patients. This catastrophic event was shown in a very Pl. 25 concrete manner in vivid colours in the form of an air bombardment. Aircraft, parachutists, exploding grenades, searchlight beams, a sea of fire as real elements draw the cosmic event into the sphere of this world. If this work lacks the universally symbolic character of the two previous series of drawings, its realistic character clearly suggests the emotional condition lurking behind it. The dismembered bodies represent the patient's own lacerated state, the chaotic whole

Pl. 62 is discussed on page 202

the disintegration, the sea of fire in which everything is destroyed the patient's own mental destruction, while the mask-like faces in the glow express horror at the inescapable annihilation. The patient had himself never been in an air-raid, so that there can be no question of an image from his own memory.

Although the probability is consequently greater in one case than the other, we must not be too quick in reaching a conclusion about hallucinations as the origin of fantastic works produced by sufferers from psychoses. Moving visionary images can also occur in the work of normal artists. The formal characteristic, namely uncertain, interrupted or flowing lines, regarded by some investigators as typical in the portrayal of hallucinations, cannot be accepted. Such lineation is not by any means always present when hallucinations are represented, while conversely such a character of lines also occurs when it is certain that there is no question of hallucinations (for example in the 'Tree Test', see below). To take a completely arbitrary example, the murals by Goya in the 'Quinta del Sordo' (House of the Deaf) create a typically visionary impression with their horrible and grotesque processions of pilgrims, their warning witches' sabbaths, their human figures floating through the air, all this being a representation of morbid fantasies. Although it is easy to interpet them as the portrayal of hallucinations, there is no reason to think of this in Goya's case. Attempts have of course been made to represent him as a sufferer from a paranoid form of schizophrenia after the older pathographies, describing him as manic-depressive, had proved incorrect. There are, however, too few concrete facts known about him to confirm this. If we should want to arrive at a diagnosis of schizophrenia in his case, this could not be done on the basis of his output, but would have to be on that of his everyday behaviour. Starting from the content of their works, what fantasies could we not indulge in concerning such romantic painters as Blake, Stubbs, Doré, Fuseli and so many others! Or amongst the moderns such as Ernst, Delvaux, Dali, Magritte, Klee, Burra, Albright, Tanguy, etc.! It is impossible, from the content of a work, however bizarre, grotesque or lugubrious it may be, to draw any conclusions as to whether its creator was mentally ill. Even if we view a work of art as a projection of the thoughts of its creator, of his unconscious ambitions and tendencies, we must still be very careful in judging the artist's personality. This is certainly expressed in his work, but never completely. He will always hold something back. We must not then expect to recognize him completely in his works. No single human act is complete, and certainly not the complicated act of the creation of a work of art. Valéry even went so far as to conclude that human life should never be judged so much according to acts performed by man, but according to those he omits to do. We only get to know the personality from its denial. Each prescribed expression laid down by man is, in a certain sense, a betrayal of himself. If, as a result of the breaking away of suppressions and repressions, there should result in sufferers from a psychosis a more direct link between their deeper instinctive layers and their unconscious, so that they express themselves more directly than normal artists, we must not,

Pl. 63 is discussed on page 206, pl. 64 on page 202



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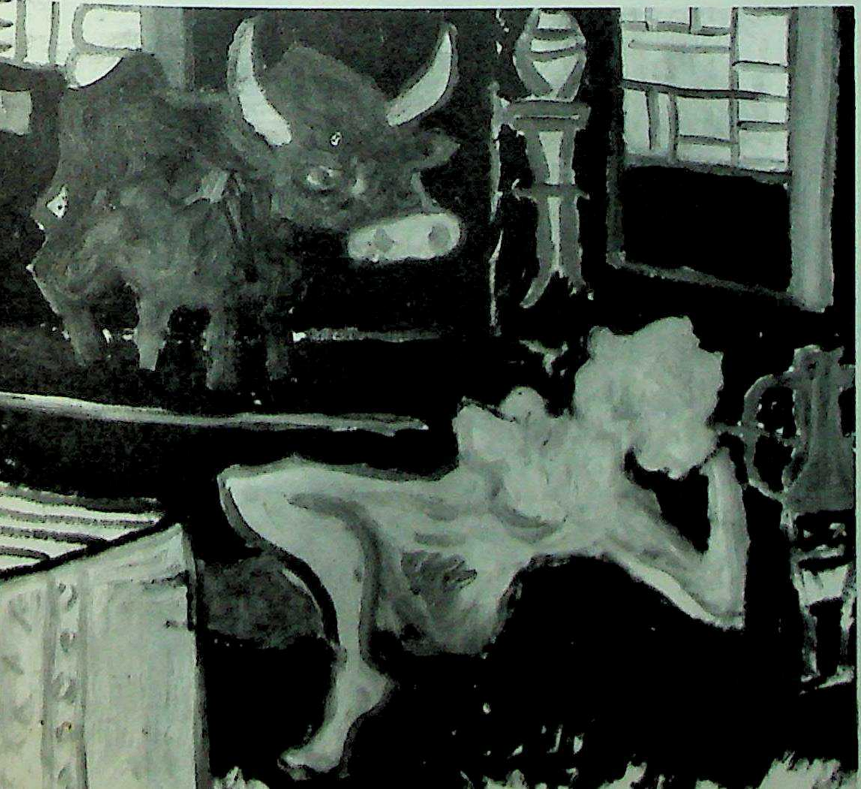

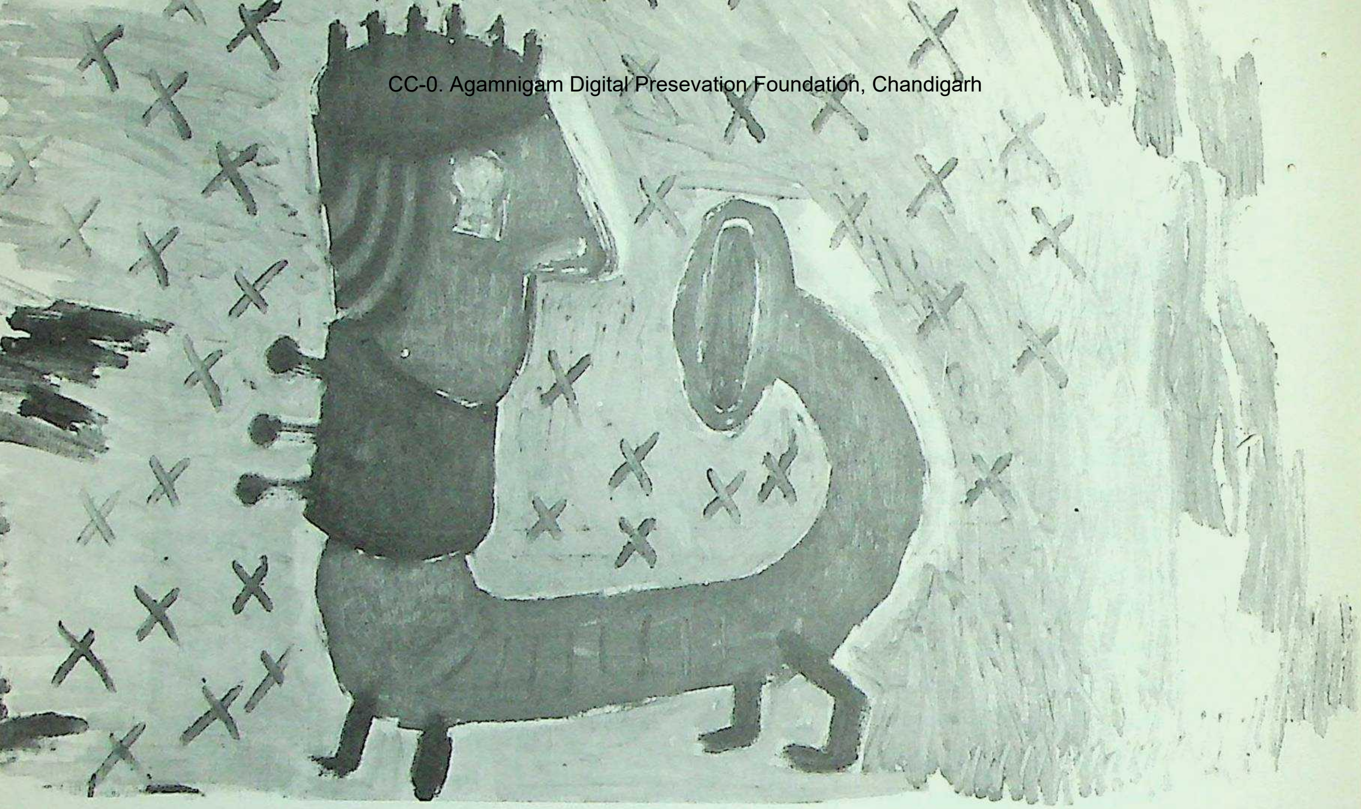

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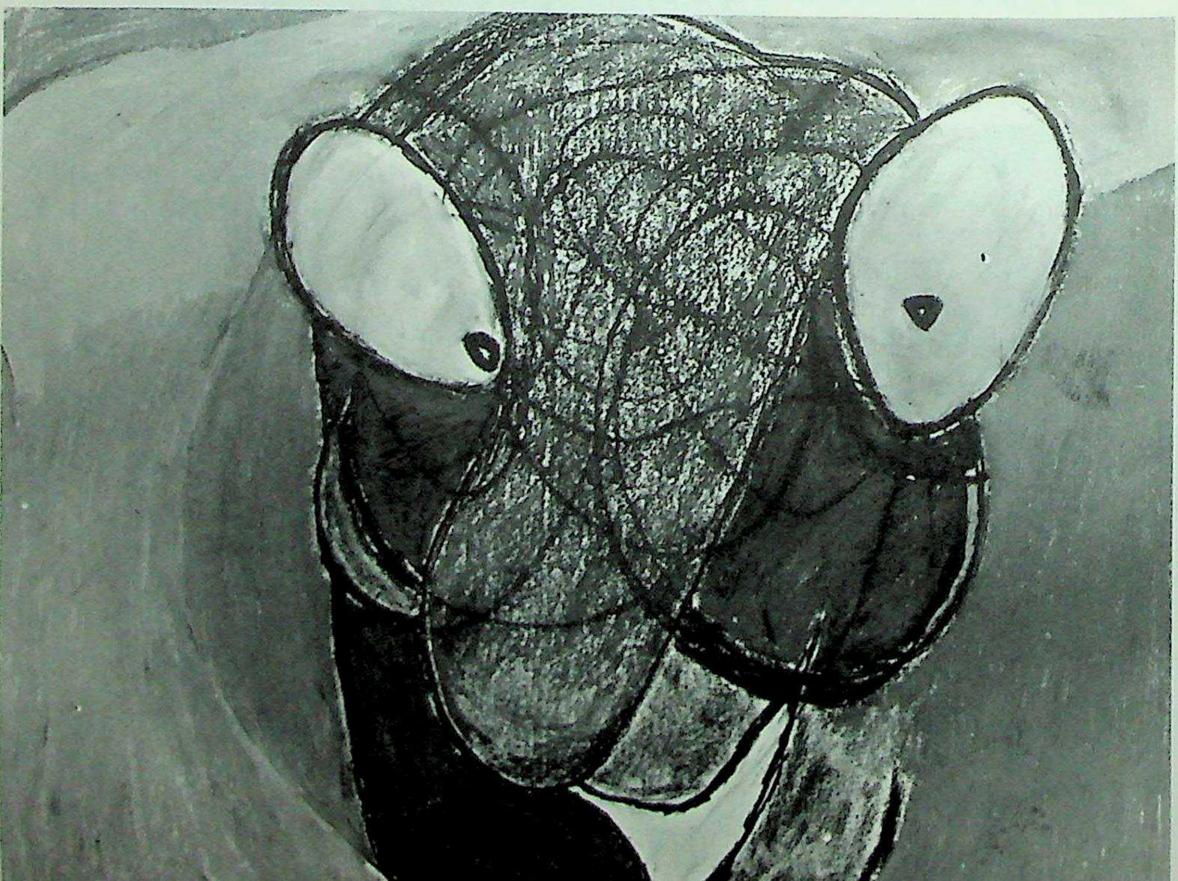


66

even in their case, come to the conclusion that they have such a personality on the basis of one work only.

We have already seen that the content of schizophrenic thoughts is not the most typical element for this illness and that we must not base a diagnosis on an object reproduced in a drawing. Schizophrenia in its most complicated problematic nature is, in the first place, a problem of form, as we have already discussed in detail. Not only the unconscious, but also the conscious is of importance. Even an analytical writer such as Kris has to come to the conclusion that the 'Id' (the unconscious) comprises mainly generally human elements, the ego, on the other hand, containing the really unique individual element.

By no means all visionary paintings by sufferers from schizophrenia have as their subject the destruction of the world. Death is also a frequently occurring subject with infinitely many variations. We have also found, even if not very often, representations of religiously ecstatic states. A young female patient who had built up for herself a complicated gnostic system which seemed to contain many archetypal elements and in which the struggle between light and darkness occupied a central position, repeatedly represented ecstatic experiences which bore a great similarity to those we found when discussing Storch's patient. She moved in a world of
Pl. 33 white, blinding light which she always reproduced as a wide, white sky in which there was suspended a pale yellow sun which emitted no warmth at all. The lower half of the sheets she painted, stereotypically showed a landscape of dunes, the perspective of which illustrated the disturbance as regards space which we have described. It was strange that she always placed in these dunes a deep trough-shaped valley in the middle of the area, this being the 'earthly' part of her world. It appeared as if this trough represented a great danger. From it a suction force was exerted downwards towards darkness. This was shown even more clearly in other drawings.
Pl. 34 These were completely abstract and had a small dark circle in the centre of each work into which flame-shaped, ornamental elements opened, being a hole into which everything was sucked, the entrance to Nothingness. The rapid change from one type of portrayal to the other was very striking, corresponding completely to the continually changing clinical picture. This involved ecstasies with megalomanias of being summoned by God for a very special task, of being pardoned (delusion of being a 'prophet'), coupled with visual and auditory hallucinations of 'heavenly' content, compared with desperate, anxious declines in mood with the feeling of sinking into an abyss of darkness, into hell.

Sufferers from schizophrenia like, as we have seen, to engage in all sorts of profound metaphysical and religious problems. They consider they can penetrate through to the 'last things', concerning which they often set up fantastic hypotheses and theories. They firmly announce having insight into divine secrets and the like. It is then also not surprising that religious subjects should occur regularly in their artistic work. Their representation is often completely traditional,

Pl. 65 is discussed on page 204, pl. 66 on page 203

not infrequently being arid and stereotyped. Although current symbols are also used, personal expressions of an original nature also occur just as often. The images presented are often unintelligible because of their confused structure, disintegration being immediately apparent from them. It is very likely that many abstract pictures are religious in meaning, although the observer does not recognise them as such. We are often struck in primitive artists' work by the fact that the reproduction in a picture of the divine involves such a strong degree of stylization in design that completely abstract paintings result. Van der Leeuw has pointed out that movement is most strongly restricted in these abstractions and that power is also at its most latent. The less realistic the representation, the greater is the chance of depicting the divine adequately. Without an explanation by the believer, the observer understands nothing of the meaning of works of this type. We find the same thing in the case of schizophrenic products. Without an explanation by the patient, we scarcely know what it is about and we do not realize that we are sometimes being confronted by an object which is laden with magic. Sometimes we understand something of it, if we immerse ourselves in the thought contents and particularly in the delusionary system of the patient, this often being reflected in the drawings. A hebephrenic, musically very gifted girl, quite untrained as far as painting was concerned, produced many unintelligible drawings having a religious content. One of them she called 'La main de Dieu'. It is shown on page 44. There is a large hand at the bottom of the sheet on which various small elements are also scattered, such as a flower, a shell or button (?), a cross, etc., as well as a large phallic structure rising up above a bow, this being repeated on a smaller scale. She added as an inscription: 'On verra'. The interpretation given by the patient was completely confused and unintelligible. It was clear only that she had wished to represent creation through God's hand.

One of our female patients, in whose case one could almost speak of a dementia paranoides, made long series of decorative sheets on which uterus-shaped figures could always be clearly recognized, these being filled up ornamentally. Amongst the abstract elements there appeared innumerable realistically drawn human heads. The woman was unable to give any interpretation of her drawings. They nevertheless became understandable when one listened to her delusions. She imagined herself to be the Holy Virgin and, at the same time, the divine Mother of All, whom she designated as 'la Donna', and who daily gave birth to innumerable children. Her drawings clearly illustrated her religious megalomania and her delusions of inexhaustible fertility.

A paranoid female patient of Hungarian origin drew long series of complicated religious pictures in which she began in a stereotyped manner with a crucifix, under which she portrayed herself as the Holy Virgin who is protecting the faithful under her wide cloak against possible dangers. This is an ancient representation of the Virgin Mary dating from the beginning of the 13th century and of Benedictine or perhaps Cistercian origin. In the pencil drawing reproduced Pl. 37

we see how under her right arm (on the left in the drawing) she lays her hand on the head of the soul, which is being tempted by the Devil. It is also her intention that this soul should be representing her. She lays her left hand on the globe, while she at the same time presses the 'evil serpent' – represented as a reclining nude female figure with two fishes' tails – down to the ground. With her cloak she is holding back all sorts of dangers which could harm the soul, such as prison, the angel of death with a sword, the water of the river of death, dangerous birds, ghostly threatening figures, etc. Unintelligible inscriptions are apparently intended to explain the work. It is not very original, the patient having put together all sorts of traditional elements. This work is typical of many of this type. Simple people, in particular, produce this type of work quite frequently, although the influence of modern therapeutic methods and the stimulation to 'freer expression' are causing them to diminish in number.

Pl. 36 The same may be said about the bizarre and arid drawing by an older sufferer from dementia paranoides. This also has a religious content and is full of unintelligible details which give it a confused impression. A strange female figure with a pointed cap is feeding birds. The inscription on the sheet reads like a prayer: 'Oh Lord, give me food. Oh divinity of the birds, the harvest has failed and the birds are hungry... Oh divinity of the fish, the 'sun'!' This patient was too confused to provide further commentary on the work.

Pl. 41 Strange also is the large, brightly coloured painting, in which green and red predominate, carried out by a male schizophrenic patient with an elaborate megalomania. He was continually engaged in all sorts of metaphysical and religious speculations, mainly about the idea of the Trinity. He kept on portraying these in pictorial form, inter alia by reproducing a group of three figures three times, of which those on the left and right stand out since they have together only two legs and one abdomen. The figure placed in the centre of the sheet nevertheless consists of three male figures standing against one another. While the latter form a group, which may be compared with the well-known dancing caryatids in the museum at Delphi, we can better compare the other groups with, for example, the icon of the vision of St. Peter of Alexandria in the Russian Museum in Leningrad, where the Trinity is portrayed as an angel with three heads, or with the Transylvanian icon, on which the Trinity is represented as a throned figure with a very broad face with three noses, three mouths and four eyes. The patient's commentary on his drawing was confused and could not be followed. The meaning of the two figures who appear to be seated at a table in the right background remained completely obscure. It was, however, evident that the patient attached great religious importance to the work.

Pl. 42 A hebephrenic young man painted a crucifixion scene. A naked woman with strikingly large breasts is hanging, her arms completely distorted, her hands covered with blood, in a strangely tortuous attitude more or less in the air. The blue line is intended to represent the cross. He maintained that Christ was really a woman, since he was 'asexual just as all women'. He consequently considered it possible to represent the passion in this way. The odd effect is intensified by the use of very bright colours, such as vermilion, yellow ochre and some ultramarine blue, just as by the not very traditional manner of working in a representation of this subject. The motif of the crucified woman is rare, both in the work of the mentally ill and in that of mentally normal artists. The German 'Salon Idealist', Adalbert von Keller used it, without however intending in this way to indicate Christ's passion.

Quite often we find a coupling of sexual and religious motifs, in which we often gain the impression of seeing ancient fertility symbols portrayed. It is consequently by no means a rarity to find the representation of Christ on the cross provided with an enormous phallus. We can in such cases think of an appearance of an archetypal idea, such as the dying god who is, by his death, maintaining the fertility of the earth, this being a very well-known motif in mythology. Prinzhorn described a patient who drew a sower walking over a field which gradually passes into the stomach of a naked woman. In this case he likewise decided it was a question of a fertility symbol.

It is obvious that there also occur alongside such symbolic representations coarsely obscene drawings in which sexuality does not seem to have any deeper meaning, at least this cannot be recognized in them. The disappearance of the feeling for decorum, the break-through of primitive passions, the fact that the function of the conscience has become inactive, etc. naturally contribute to this. It is, in fact, rather surprising that obscene representations are relatively speaking so rare.

Hermaphroditic figures likewise occur in the works of schizophrenics, probably again as archetypal figures. An 'ideal being' is then portrayed, autarchic, man and woman at the same time, this fitting in with a strongly autistic attitude. This 'condensation' is not so rare, particularly in paranoid forms of schizophrenia. The regression of thought and the return to prelogical phases of intellectual development bring the patient again into the mythical sphere. The hermaphrodite often occurs as the symbol of the 'complete' man in various circles thinking in a primitive or mystical, cabalistic and otherwise archaic way. Thus, Winthuus has described the religious significance of this mythical ideal creature in great detail on the basis of a long series of fragments of myths from Australia. In his studies on alchemy, Jung described in detail the symbolic significance of the hermaphroditic figure of Mercury. A very learned work in many aspects on the subject is that by Delcourt, *Hermaphrodite*. It is understandable that the delusions of greatness, omnipotence, divinity and the like in paranoid schizophrenics can easily crystallize around the archetypal image of an androgynoid figure.

Symbols

With this, we have now really arrived at the symbolically intended works by sufferers from schizophrenia. We have already spoken in detail about symbols, and since the literature on this subject is very extensive, particularly from the side of complex psychology, we need not consider it further here. It has been pointed out repeatedly that *everything* can have a symbolic significance for the sufferer from schizophrenia. We also overlook many of his intentions when viewing his drawings and paintings. Traditional symbols used by him can in fact be intended traditionally, but can also have a completely different significance for him. This makes the interpretation of his works very speculative. Ponsioen calls a symbol both a bridge and a barrier to participation in hidden realities. This definition applies particularly to schizophrenic symbolism.

Since the paintings and drawings of neurotic patients differ in principle from those of sufferers from psychoses, we shall not discuss them here. We have seen already that neurotics take to pictorial expression mainly under the influence of a particular form of psychotherapy. These products are discussed in detail with the psychotherapeutist who regards them as dreams and free associations. The content of these structures of course forms the centre of interest, the formal elements rarely being considered. The course of treatment, the problems and complexes discussed can then later be followed from the chronologically arranged material. Various publications, some richly illustrated, have appeared on this method of treatment in the last few decades. The fact that painting and other forms of pictorial expression also often have a cathartic effect on neurotics is obvious.

This latter effect is also sometimes encountered in sufferers from schizophrenia. They quite often inform us that drawing and painting do them good. Thus, a female patient always felt herself temporarily relieved after a morning of work of this type, although she always portrayed sombre and terrifying scenes, such as a black sea in which she threatened to drown, an abyss into which she plunged. She never introduced an element of liberation or even of hope into her work. During the period in which she was artistically very productive, she was in an acute state of schizophrenia (paranoid form), during which she was very afraid, felt herself threatened, hallucinated greatly and constantly spoke about her mental decline. We have already pointed out that drawing is therefore of positive significance to schizophrenics, because they consider they can influence the world magically and, above all, dominate it by means of their pictorial work. It is obvious that they like to use for this all sorts of symbolic images and elements.

It is unnecessary to list all the elements which regularly occur as symbols in the work of schizophrenics. Everything can, after all, be a symbol for the patient. We shall nevertheless mention a few. Volmat gives a fairly long list of objects which often occur as such. His list could, however, be extended infinitely.

We often see in this artistic work as a symbol of life a *road*, in which quite often the past is shown on the left, the present in the centre and the future on the right. We have mentioned the patient who produced a long series of drawings with this subject as an illustration of his mental deterioration. Another gave a series of drawings of a road which were completely mutilated from the point of view of perspective. They ended in black nothingness, the patient in this way expressing his own ruin primitively, but forcefully. Quite often obstacles are drawn in the road, such as boulders, hedges or fallen trees. One of our patients continually portrayed a complicated road accident, sometimes provided with inscriptions in which he used his own name to indicate the victim, these inscriptions sometimes becoming complete obituary notices. It is striking that the road is often completely deserted, this being an illustration of the feeling of being lost and lonely on the part of the patient. The *landscape* through which the road leads is often of great importance as an intensification of the symbolic meaning. We gain the impression that much is expressed in this landscape as a whole. A mountain in it is not infrequently a self-projection. Water in the form of streams, brooks, waterfalls, ponds or even lakes and seas often undeniably has a symbolic significance. Thus, a female paranoid-schizophrenic patient, who imagined herself to be empress and mother of various kings in the Middle East, repeatedly drew landscapes in which a mountain formed the centre of the composition. Sometimes it was inaccessible and bare, sometimes charming and wooded, but always dignified and raised above the rest of the landscape. She herself gave them, inter alia, the title of 'Olympus' and she repeatedly called her landscape paintings with the central mountain her 'portrait'. A hebephrenic girl repeated the mountain motif very regularly in a stereotyped manner. Under a dark blue sky is a black, solitary mountain which more or less floats above the landscape, at least its foot does not really rest on the earth. In front of it she continually painted a cornfield, a pond or merely a red or yellow spot of colour. From conversations with the patient, it was clear that here too it was a question of a real self-projection. Pl. 67

Recently, much attention has been given to the *tree* as the symbolic representation of one's own personality, not only in sufferers from a psychosis and in neurotics, but also in normal persons. This has even been such that the so-called 'Tree Test', developed by Koch, has been generally introduced into experimental psychology. Hiltbrunner, Bachelard and others had formerly referred to the symbolic meaning of the tree. In Koch's test the tree is seen not only as a totality, but also in its details. The formal side of the drawing is very important in judging these drawings. The roots, trunk, branches and top are carefully analysed in a way which shows much similarity with methods current in graphology. Lineation – taut, broken, uncertain – method of shading, positioning on the sheet, the relationship of the parts, etc. are carefully viewed. The trunk is the most stable element in the framework of the tree and expresses the permanent and substantial features, what is present in the disposition. On the other hand, the top indicated the interaction between the inside and the outside, the contact with the external world. It consequently expresses much more the conscious part of the personality, but also, according to Jung, a large part of the 'persona'. The roots are the invisible element, that most closely attached to the earth, the vital part which secures the tree to the earth, with which it attracts saps from the ground. Symbolically, they express the unconscious, the vitally passionate elements. Bachelard sees an archetype in them.

The depiction of all these elements in them is analysed. Strong stress on the roots and the base of the trunk indicated primitiveness, attachment to the passions, conservativism, immobility, inertia, curbing, stagnation and the like. It is striking that psychotics in particular can lay marked stress on the roots, these often being accentuated much too heavily in relation to the whole tree and also sometimes rising very high. The trunk may be short or decidedly long, broad or thin, show thickenings and constrictions. These latter always indicate curbings, repressions, convulsiveness, 'Sperrungen' and the like. The transition from the trunk to the top may be very abrupt and unnatural. The top does not then as it were belong on the trunk and does not fit in with the plan. There is then spuriousness, separation from the soil. Development has not taken place in the normal way, the personality has not realised its possibilities. The shape of the top is very important, being cloud-like and swollen, conventional, sometimes surrounded by a line (Koch then speaks of an 'embryonal house'), opaque. It may be radial or show many arcades, be confused and show open spaces, be highly stilted and stylized. Sometimes there is a flattening which indicates the feeling of being repressed. Infantile shapes are quite often recognized. Just as the drawing of a man and of a house, the drawing of a tree shows a certain development in the case of the child. The degree of fixation to a given stage of development and/or a regression thereto can often be read directly from the shape of the tree.

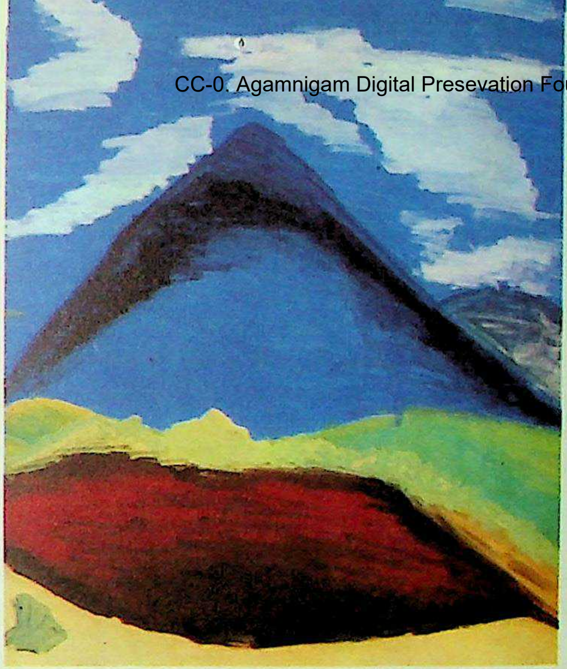
Open shapes, namely tubular branches or trunk, not being closed towards the periphery, resulting in the impression of being unfinished, indicate openness, non-isolation, lack of desire to be tied to something, irresoluteness and suggestibility, a certain lack of defence towards influences acting from the outside. They indicate at the same time the possibility of the occurrence of unrestrained outbursts of emotion, tantrums, impulsive acts and the like. They are also indicative of moodiness, unreliability, lack of independence, a stifling of life which has no deeper meaning and no aim. These open shapes are in fact very frequent in the case of schizophrenics.

Although much criticism has been levelled at the 'Tree Test', this being by no means always unjustified (the danger of reading things in is not hypothetical), coupled with the fact that the test loses much of its value if one is dealing with people who have been trained in drawing, we do see in the drawings of trees made by sufferers from schizophrenia in many cases very striking deviations in the sense indicated by Koch. A young female hebephrenic patient who had studied for a while at the Drawing Academy and who could consequently not be classed amongst the untrained, from an intellectual milieu in which there was a feeling for art, stood out by her Pl. 47 portrayal of woods and isolated trees, these being in oils and particularly charming in colour. The tops of the trees flow away in a strange way in her work. The trunk is in most cases clearly indicated, but the top, which is not realistic, waves all the time like a piece of sea-weed in a stream. Although the paintings are aesthetically attractive, we immediately get the impression of something indefinably strange when observing them. The solution of one's own personality, the disappearance of the limits between Ego and Non-Ego is reflected in the painting of these unreal trees. The spaces between the trunks are filled in a stereotyped way with undulating, snake-like red, yellow and blue flames, shooting up erratically from a depth which is not further indicated and from which the trees also rise up. There is no contact with the ground. Everything floats in nothingness. We are struck in the later works by this patient by the fact that the top becomes more and more tenuous. Thus, she produced as one of her last paintings, shortly before lapsing into complete inactivity, a bare, desert-like landscape, yellow in colour, through which Pl. 46 a road runs which disappears into nothingness. There are in the foreground a few strange plants, an oddly twisted blue tree, the top of which is indicated schematically only. A few leafless branches projecting symmetrically yet irregularly on both sides of the trunk, not belonging organically to it, still give a certain amount of mobility to this latter. Next to it stands a tree, the lower side of the trunk of which is scarcely visible, and the top of which, consisting of three separate cloud-like parts, is reproduced in reddish brown and blue. Then there are, growing close together, two red, spiny trunks, without branches, leaves or tops. Finally, there are two unreal, corn-like plants intertwined with one another. It is striking that the shadow which is falling on the ground is shown for the two trees on the right, even if the perspective is incorrect, while those of the others are not. Bader considers that the omission of shadows is pathognomonic for paintings by schizophrenics. This statement is no doubt incorrect because of its generality. In the painting in question, two objects do have shadows, while others do not. Persons who are untrained and children likewise hardly ever put in shadows which one should be able to see in the given situation. Bader sees in the absence of shadows proof of the lack of contact with the ground, with reality. Things have no solidity, the illusion of space and volume is lost, everything floats. We must here again be careful of interpreting things in, we must not try to find more than there is. The disappearance of shadows in the case of a trained artist who initially used them systematically, but who gives them up in the course of his psychosis may certainly be important. Bader's interpretation of the phenomenon is probably correct in cases such as this.

The example we have just given also illustrates very clearly, by comparison with the previous example, the impoverishment and scantiness of expression resulting from the approach of complete mental collapse.

A schizophrenic young man drew many sheets in Indian ink full of trees leaning to the left and having a powerful trunk with strongly attached branches. The trees nevertheless had no tops, being as it were cut off cleanly above the point where the trunk divides, there being not a leaf above there. The branches are also for the most part left open above (see page 10). This work clearly shows the abrupt end of a very promising beginning of a development. All growth ceases, no top being formed. Contact with the world does not occur. Koch has referred

Pl. 67 is discussed on page 194, pl. 68 on page 202



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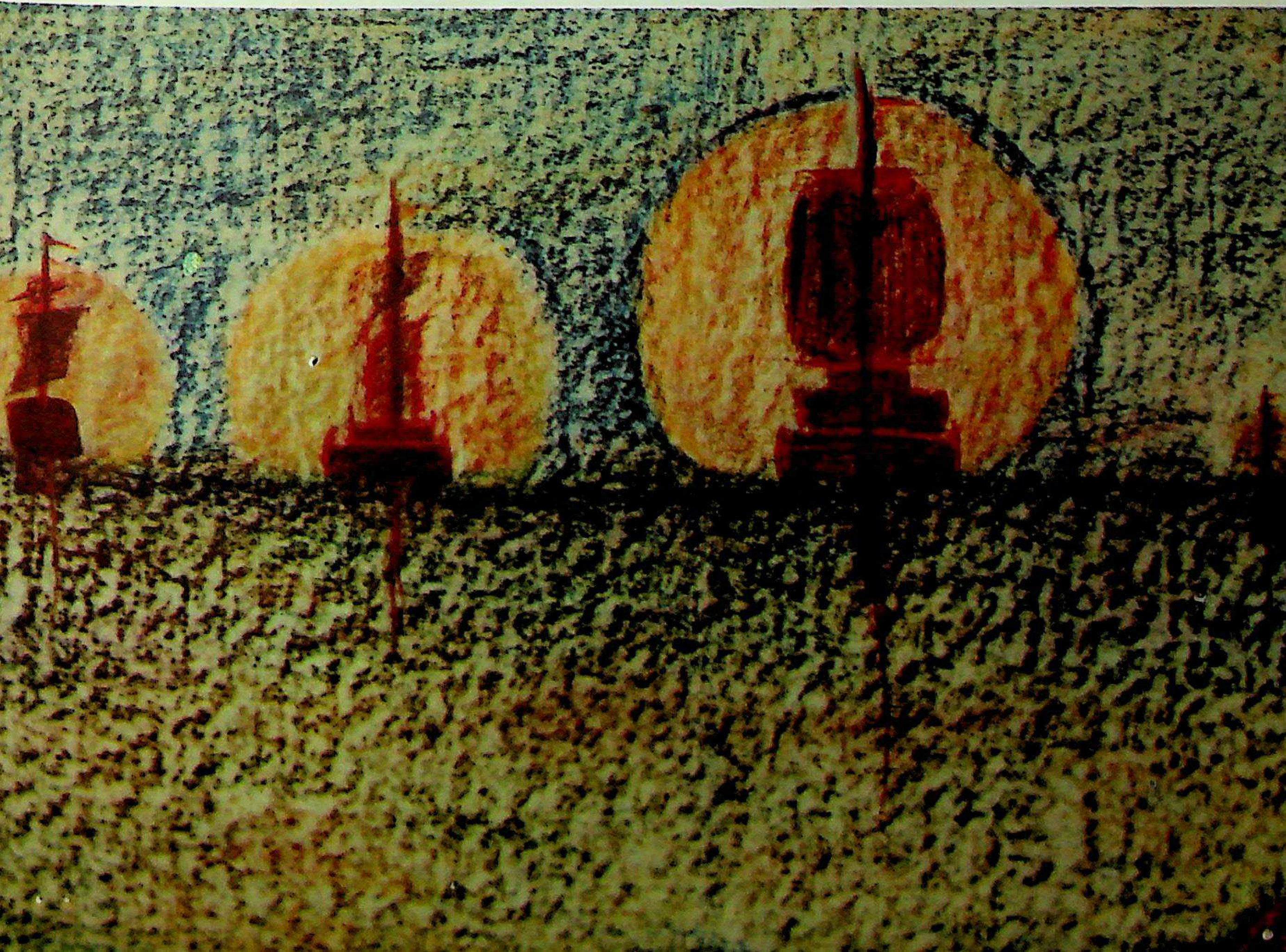

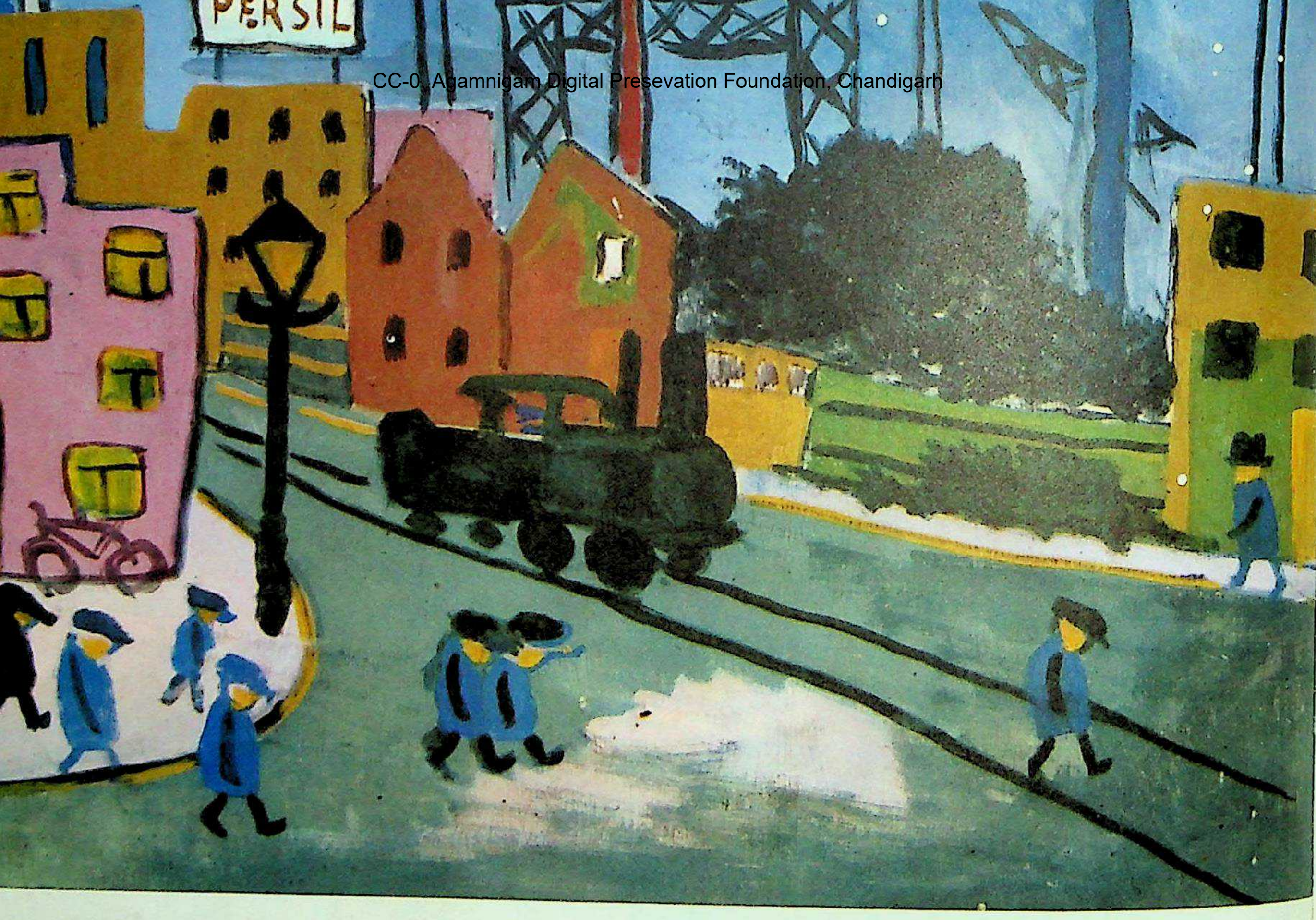

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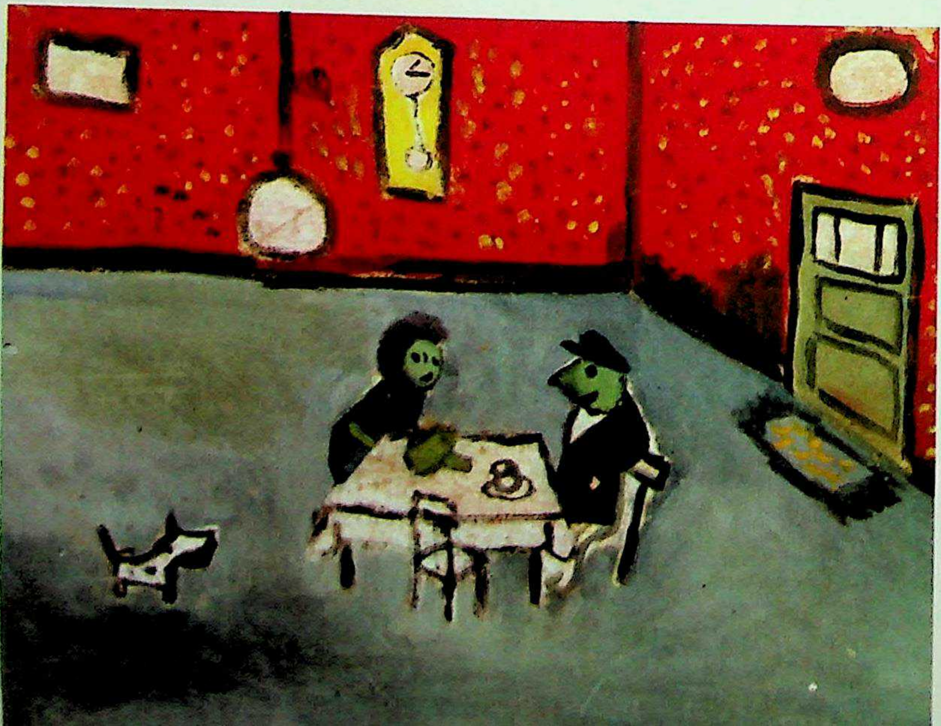

70

expressly to the significance of the slope of the tree. According to him, inclination to the left indicates introversion, a turning away from the world and the future. On the left is inner life, the past, what has been forgotten, the 'real Ego'. This turning away is seen not only in the inclination of the trunk, but also in the position of the top relative to the trunk as the axis of the drawing. If the right-hand half of the top predominates, then this indicates self-confidence, egotism, vanity, the need for experiences, possibly also superficiality, lack of depth and concentration or dreaming away one's life in fantasies. In general, it may be said that a shift to the right indicates a more extrovert attitude.

During a short period of time a paranoid-schizophrenic patient produced a series of pen drawings of a largely morbid character, such as animals which had been 'sawn through', odd landscapes and the like, in addition to a series of drawings of trees. One of these is reproduced on page 50, being a group of houses, the perspective of which is poor, in the middle of a group of trees which have little in common with reality. The tops are fan-shaped, have no leaves or fruits, the trunk is highly accentuated in relation to the thread-like top and is always filled in strongly in black. This brings us to another contrast indicated by Koch, namely that between the upper and lower sections. The lower section represents the physical, the material, the unconscious. According to Jung, it is also the origin, the basis, the nature, the Self. Movements in branches and leaves which are directed downwards, such as, for example, in the drawing of a weeping-willow, indicate not only a turning away from another or a fellow-man, isolation, a lack of co-operative feeling and other social tendencies, but also, more positively, a movement towards one's own Self.

Pl. 44 A period of clinical improvement in a female patient was reflected in her paintings of flowering trees, which showed striking spring-like colours in their tops. We are still nevertheless struck by the too strongly accentuated trunks which end abruptly, so that the tops do not really fit in with them, while the bases are also relatively too heavy. The impression we obtain is one of 'spuriousness', principally because the foreground is also kept far too dark in relation to the whole. The lineation of the branches is also hesitating, the effect being that of points rather than of lines.

Pl. 45 A hebephrenic girl showed similar features in small flower pieces carried out in water colour. The base in which the flowers are placed is indicated too clearly, at least as far as its sides and lower edge are concerned, this making possible a comparison with the trunk in the drawings of trees. A few leaves of the flowers can also be recognized, although they are shown only schematically. The real flower – comparable with the top of the tree – can scarcely be distinguished, appearing to flow away completely into the background. Only a few small red lines and points allow us to guess what the patient intended.

Every element, namely the course of the lines, shading, division of the sheet, shape, differentiation of the details, outlines, relative proportions of the elements, etc. should, according to Koch,

Pl. 69 is discussed on page 201, pl. 70 on page 209

be studied carefully. This should not take place in isolation, but the right-left and upwards-downwards movement should also be taken into account. We cannot enter here further into the many details which Koch also mentions as being of importance in the evaluation of the results of tests. These include the landscape in which the tree is placed, the occurrence of extraneous details, such as aviaries, birds, fruit, falling leaves, etc.

Our last example of the importance of trees and plants as a form of self-projection is a primeval forest scene, one of a long series produced by a paranoid-schizophrenic woman who also showed many catatonic symptoms. She was very confused and regularly had auditory hallucinations (hallucinations ordering her to commit arson and the like). We see a confused mass of monstrous plants with strange spines which are closely interwoven, giving the impression of an impenetrable jungle. The colours are poisonous green, horrible red, white, blue, sickly yellow and, since they are in no way adjusted to one another, conjure up the image of a complete chaos, which has a creepy, 'unheimisch' atmosphere. One cannot live in such a world, one becomes suffocated in it. It is no longer a 'Heimat'. Pl. 48

Houses also often occur as a symbol in the drawings of sufferers from schizophrenia. They are often represented without a door or windows, inhabitable, not infrequently as a ruin. Fantastic and grotesque dwellings nevertheless also occur. One of our patients, a paranoid-schizophrenic woman who was suffering from the delusion of being the empress of Russia, filled a large number of thick exercise books with detailed drawings of her palaces, their interiors and furniture. In addition, she produced many detailed drawings of the uniforms of her lackeys, the costumes of her ladies-in-waiting, the setting of her jewels, the shape of her coiffures at official functions and the like. The portrayal of the details can be crude, vague and schematic, but also very realistic and detailed, minutely following the example or model in question. This great desire not to deviate from details is considered by many investigators even to be typical of schizophrenia (as a defence against flowing away, as a last desperate effort to hang on to contact with reality). We nevertheless also see it, as discussed in the Introduction, in sufferers from epilepsy or from compulsion neuroses, who when drawing a house likewise pedantically reproduce each stone, not omitting a single small detail, resulting in a barren and rigid representation. The main and secondary features are no longer distinguished. In both these latter illnesses there also occur as determining factors for this manner of drawing the fear of losing one's support, the fear of accepting any uncertainty, wanting to have security at any price, there also being in the background fear of the threatening chaos to which they feel themselves far more liable than the mentally healthy person.

A fine example of this depiction of reality was given by a middle-aged schizophrenic woman who, with endless patience, produced large, extremely detailed water colours in which every stone, leaf and flower, every branch, etc. was shown faithfully. She often produced a charming effect through a lively use of colour, this being comparable with 'folk art' or a miniature. She Pl. 58

also did not degenerate into a stereotyped repetition of the same object, but chose always a different point from the hospital park, the view from different windows, etc. If one were to look at one drawing, one would certainly think also of epilepsy or a compulsion neurosis. We referred briefly to the characteristics of this work in the Introduction. If a sufferer from schizophrenia takes to this method of self-expression, then he easily degenerates to a product drawn or painted in a dead manner, while the object taken from reality which is portrayed can be repeated infinitely. A deathly, barren effect is the result.

Pl. 59 The landscape of a *town* is often strange if it is portrayed by a sufferer from schizophrenia. A hebephrenic student repeatedly drew or painted taut street scenes, of which we reproduce a typical example. It shows one black, two manganese-blue and one red house, sharply outlined, as if a ruler had been used for the purpose, the doors and windows, the mutual proportions of which are repeated in a stereotyped way, being filled in in yellow. These houses are standing in a completely deserted street, in which only a lamp-post with a dark green top can be seen. A red sun hangs in a pale green sky, the glow from it being distorted into an ellipse. Nothing living appears in this work. It is strange that while the perspective is correct on the left and in the centre, it is worked out quite wrongly in the house on the extreme right.

Pl. 60 The same loneliness is evident from the Chirico-like oil painting called by its creator, a hebephrenic young man, 'Earthly Paradise', because, according to him, it represents a city 'where one can live happily'. In the night we see a few stage-like walls which do not form really habitable houses. There are no windows, and behind the façade there is nothing. No living creature can be found in the painting. The whole is a striking portrayal of the autistic attitude
Pl. 69 of the creator, of his lonely world, in which no company is any longer possible. On the other hand, the city in which workers are going to their factory is more inhabited, although they are depicted merely as infantile silhouettes walking behind one another in single file. We are also struck by the charming use of colour, the pink creating a particular effect (gouache). Nevertheless, we cannot even speak here of a 'lively scene'; on the contrary, we are struck by
Pl. 57 a strange, sultry silence in the painting. More playful is the 'Fantasy City' (oil painting), which is seemingly intended to portray a beach on the French Riviera, where its creator had in fact never been, and which suggests for a moment the work of Raoul Dufy. It shows a row of white houses or hotels in front of which palms glitter. Although no human figures occur on it, we do not get a melancholy impression from this painting. Its world even has something festive about it. The painting was produced in a period in which the patient showed a considerable mental improvement in his hebephrenia thanks to an intensive Largactil treatment. This improvement was unfortunately not permanent. We see a changed world in the drawing on page 28, carried out by a paranoid schizophrenic woman. Uninhabited, pyramid-shaped houses in a fantastic city stare at us with empty eyes.

Seascapes are by no means a rarity in the spontaneous work of schizophrenics. The sea does not always appear to have a symbolic significance in them. Striking in its sober composition and complete concentration on the essential elements, with a disregard for irrelevant details, is the gouache painting by a young patient who, before his admission to the psychiatric hospital, had never painted (but had drawn). It shows a sombre sea on which two motionless ships are lying. The only colours used are dull green, grey and black. By omitting all details, the creator has succeeded in arousing an almost monumental impression in his deathly landscape. As a second example of a seascape, we reproduce the chalk drawing by a somewhat older paranoid-schizophrenic man (an engineer), which differs little in nature from the first. Three ships are approaching, each of which is strikingly isolated from its neighbour. Each ship is surrounded by a circle or halo and thus forms a world of its own, cut off from its surroundings, without contact with other worlds, 'a windowless monad'. Pl. 62 Pl. 68

Animals are often used as symbols in drawings by sufferers from schizophrenia. They include mythical beasts and monsters – often introduced as condensations (fauns, sphinxes, centaurs, harpies and the like) – as well as normal domestic animals such as dogs, cats, cows, birds, etc. These symbols are by no means always transparent and are virtually always open to several interpretations. The tree, for example, does not as a symbol always need to have a phallic significance, it can be completely a symbol of the earth mother (fructiferous!). The snake can be a male sexual symbol, but is just as often intended in a purely chtonic sense, or as a healer or adviser, even as a reference to eternal life. We come here quite often into the sphere of archetypes. Thus, a young hebephrenic patient repeatedly painted a bull that spies upon or springs upon a woman. When viewing works of this type, we think for a moment of Picasso's paintings of bulls. The creator was however a simple young man, without any education in the field of art and was likewise unaware of the work of the Spanish artist. The bull occurs widely as an archetype. It enters into many myths, often with a decidedly sexual character, in which the element of fertility always plays a large part. Sierksma in his fine book *The Gods as We Shape Them* gives a few less well-known details when he discusses the Tibetan reproductions of the god Yama, who is often shown as a copulating bull standing on a woman (according to Hermanns the primordial couple). Sierksma nevertheless points out that, apart from these love scenes between a bull and a woman, there also exist aggressive sexual representations concerning them. The bull kills the woman, rips her stomach open with its horns, tears apart her vagina with its hind leg. Finally, he mentions representations of the bull which appears as the fertilizer of woman, from Chanhu Daro in ancient India, this representation also occurring in Iran. As in the case of so many others, this archetype consequently has a decidedly ambivalent character, such as that of fertilizer and destroyer, awakener of life and killer. Pl. 64

Many animal symbols are scarcely recognizable as such and are often completely unintelligible in the work of schizophrenics. The patient often obstinately uses a completely individual symbolism in which a comparison with the dream symbolism of psycho-analysis (for example, an animal as the symbol of various passions) does not apply. Archetypal points of contact are often also completely lacking.

We must also mention the *eye* as a fairly frequently occurring symbol. Volmat gives a long list of shapes it can assume and of the significance it can have. Strangely enough, he does not mention that the eye is frequently seen, particularly in the work of paranoid patients, although he does speak about eyes which seem to express fear and the sense of being pursued. The eye can in fact be the symbol of the pursuer who spies upon the patient, or it can represent the all-seeing eye of God or of one's own conscience. Thus, one of our male paranoid patients repeatedly drew and painted confused compositions in which an isolated eye occurred, not placed in the head. Sometimes, several eyes occurred at the same time. He gave a confused interpretation of these works in which feelings of guilt seemed to play the major role. Sometimes we feel we are being confronted by an illustration from Sartre's impressive work on the look, such as the look that petrifies, makes into an object, destroys, the look of hate, although we are certain that the patient is unaware of the existence of a book such as *L'Être et le Néant*. On other occasions, we gain the impression that a psycho-analytical explanation is more appropriate, namely if the eye also seems to have a genital significance (male or female), or if it occurs in a picture in which the motif of dismemberment ('Zerstückelung') predominates. The use of the eye as a symbol, even as an isolated organ, is in itself naturally not to be considered as being pathological. It occurs regularly in religious symbolisms. From the 'Eye Goddess' of Brak (Syria), whose cult spread in all sorts of forms over a large part of the world (goddess of fertility), to the (christian) eye in a triangle (God's omniscience), the eye appears as an image, capable of many interpretations, in all sorts of religions. It also occurs in the plastic arts. Thus, Odilon Redon often represents the eye in isolated form, particularly in his lithographs. It occurs as an enormous balloon, as a mysterious sphere which radiates light in a cathedral, etc. It is not improbable that a certain youthful memory was active psychoplastically here. Many much earlier painters nevertheless used the same motif, such as Goujon, Grandville, etc. In modern times it has been used principally by the surrealists, such as Baargeld, Picabia, Ray, Masson, Magritte and many others. One of our schizophrenic patients repeatedly used the eye in a coarse sexual sense. Thus, he painted a series of shapes in vivid colours, which he called 'heads' and in which he strongly accentuated the eyes. The phallic character of his paintings was, however, immediately clear and, when discussing his work, he also admitted this straight away. His products represented two completely different things at one and the same time. The nose was a nose, but at the same time a penis, the eyes were eyes, but at the same time enormous testicles! Another patient repeatedly replaced the eyes in his paintings of faces by fish. He did not offer an explanation of this. This experience agrees with that of Bobon who dedicated a study to the fish as a symbol in the pictorial work of schizophrenics. It is a symbol which allows of many interpretations and references.

Pl. 66

Elements sometimes appear in the work of schizophrenics which, by their bizarre or mysterious character, must strike us as symbols, although the creator is not in a position to give a more accurate explanation of the importance of these odd creations. Sometimes they are formless objects which cannot be further defined, and they may be compared with the odd shapes occurring in the paintings by the surrealist Yves Tanguy which confront us with riddles. Sometimes they are strange condensations, some parts of which are intelligible, while others are totally impenetrable, or of which only the combination is grotesque. Thus, a hebephrenic patient repeatedly painted, during a certain phase of his illness, a strange creature, the signifi- Pl. 65
cance of which had to remain a secret for the observer, since the patient himself could give only vague commentaries. One was nevertheless forced to think of a sexual representation from the few remarks he made about it. The psychosexuality of the creator showed a progressive regression up to the anal-sadistic stage of development, such as is frequently observed in the case of schizophrenics. Bearing this in mind, a definite explanation became probable, but not certain. He was in fact portraying a living being, the trunk of which was that of a caterpillar (?), but with a human upper part of the body and head. The mouth was systematically missing from this head. Arms were likewise not indicated, being replaced by three screws or pegs as in a violin or 'cello. The rear part of the tubular body curved upwards and ended always in a sort of trumpet into which the backward-turned head seemed to stare. This rear section was always given just as much stress as the head. Bearing in mind the man's regression in the sexual sphere as well, we can perhaps speak here of the representation of an anal form of masturbation. Bobon uses the term *neomorphisms* for these odd and grotesque products, this being a good expression comparable with the term neologisms for the modified use of language by schizophrenics.

We should not be surprised by the fact that more complicated scenes can also be intended symbolically in the work of sufferers from schizophrenia. We already mentioned this when discussing the portrayal of the destruction of the world. Court scenes in which the patient represents himself as the party in the case or as a prisoner are by no means rare. Various of our Pl. 38
paranoid patients have produced such scenes. One such shows a court-room with stern judges, before whom a small frightened figure stands, desperately trying to defend himself, although his fate seems to have been decided beforehand. We also find detailed torture scenes, such as crucifixions, burnings or other executions, such as we have already mentioned. The drawing may also depict an anxious, tensed expectancy of something terrible, such as a room in which all sorts of torture instruments are set up, where a scaffold is erected, where wicked hangman's assistants are at work or walking about. We are here reminded of Goya's sombre paintings of hearings during the Inquisition or of Burra's surrealistic torture scenes. All these representations are symbolic depictions of guilt. The conscience is projected outwards in the form of judges who pronounce a ruthless judgment, of executioners who drag along their torture apparatus. We also often recognize in these works the feeling of helplessness of the patient, that begins to tor-

ment him on being confronted with reality for which he does not feel himself a match. We also recognize the loneliness, the inability to come into contact with one's fellow-beings, the feeling of being thrown back completely on oneself, of extreme isolation. It may also be that the premonition of an inescapable and terrible end is expressed in them. Sometimes these primitive, concrete representations achieve a very impressive effect quite by chance because of their powerful inner tensions. This loneliness is also touchingly expressed in the chalk drawing on page 38 (red, blue and orange), in which the female patient depicts herself as a lonely child from whom mothers turn away in silence.

Simple scenes taken from everyday life also occur as symbolically intended representations. These include such events as a wedding, a pregnancy, a birth, a christening feast, a death-bed, etc. Representations of exorcisms, magic rituals and initiations likewise occur. We have already seen how events in reality can suddenly strike the schizophrenic patient, in spite of his autistic attitude. He sees in them the symbolic portrayal of something which affects him personally. We have referred to the drawing of the floods by a hebephrenic who recognized his own destruction in it. The drawing on page 53 is by the same patient. It shows a group of Jews who, escorted by armed German soldiers, are to be transported to Germany in cattle-trucks. In this we see too the reflection of the knowledge of a wicked, inescapable and undeserved fate.

Sometimes a picture impresses us by its simple naturalism and, on a superficial viewing, we then tend to lay it down as not meaning much, until we are suddenly struck by a small detail, a notable use of colour, a remark which the patient makes about it, thus realising that we are being confronted by more than a 'simple representation' of reality, namely by the symbolic depiction of an idea which is alarming the patient or of a given thought, possibly of a complex. A middle-aged paranoid-schizophrenic woman produced, for example, a long series of technically quite primitive watercolour drawings which, as she said, expressed 'growth up to the stage of being a complete person'. Her reasoning was incoherent and could be followed in part only. The extensive and verbose explanations she gave of her work were, in most cases, so obscure that one obtained little understanding of their contents from them. Some of her works created a fairy-like impression, while in the case of others one thought of Manichaean or other gnostic motifs, although she had never previously, as far as could be ascertained, shown any interest in gnosticism. Of the many tens of sheets she produced, which often had dramatic scenes as their content (a murder, the search for the gates of Paradise, visions of angels, of God, of legendary speaking animals and the like, Oedipus in front of the Sphinx, small, timid human figures in a large landscape, etc.), we reproduce one, which belongs in a series of portrayals of an extremely Pl. 39 complicated 'initiation' as she called it. She used predominantly very pale colours and the outlines were in most cases indicated vaguely only, so that her works are very difficult to reproduce. The sheet in question shows the hall of a palace into which a passage opens, from which a

'King' and a 'Queen' are stepping, being clad respectively in a violet and a blue robe. They are standing behind a small square table on which three small plates are placed. The patient said she had had a 'vision' the night before making the drawing and that it was this vision that she had portrayed. The princely figures had silently invited her to choose from the three plates which were empty and also of the same shape and colour. Very much seemed to depend on this choice, it being a question of salvation or ruin. (This is a well-known motif in myths and fairy stories). She was in great doubt and consequently in a state of anxiety. She knew that the stained-glass window behind the King in some way or another contained the secret of the correct choice, although it was not clear to her how. This window is also drawn carefully and is charmingly coloured. If the patient had been in a position to give her ideas about her works, information would probably have come to light, within the framework of complex psychology, which would have been important for a deeper interpretation of her fancies and delusions.

The fact that more is intended than merely an arbitrary, more or less indifferent portrayal of something taken from reality often appears clearly in a drawing or painting of a female figure by a male patient or of 'the' woman by a man. Quite often, we can be persuaded that we are being confronted by an archetypal image. Thus, one of our male hebephrenic patients repeatedly painted a standing female figure, either completely naked or with only the upper part of the body bare. The painting which we reproduce (oils, thickly applied, in large areas) of such a figure suggests for a moment Gauguin's 'Les seins aux fleurs rouges', although the use of colour is much more vivid and simpler. We are struck by the obviously relatively too large breasts. It is clearly intended to represent the all-nourishing Earth Mother, or perhaps a more general symbol of fertility. It was strange that the work of this patient continually showed the colour yellow (light or dark chrome-yellow), something we already met in the case of van Gogh. We could not infer however anything deliberate from the use of this strong colour. It is certain that the creator, a simple printer's assistant who was untrained in painting, had never been taught about theories of colour and that he was unaware of the speculations concerning van Gogh's intentions. Pl. 63

Humorous drawings

As is to be expected, really humorous drawings rarely occur in the work of schizophrenics. We sometimes find comical elements, and then in most cases of a burlesque type or in the sense of low, coarse jokes. Ridiculous combinations also occur. We nevertheless seek in vain more contemplative humour, just as irony which is, in most cases, conventional and does not interest the patient. Prinzhorn has already referred to this. Ridiculous effects nevertheless quite often occur unintentionally. The drawing on page 68, which we have already discussed, in which the floods of 1953 are portrayed certainly contains humorous elements. Thus, on the left at the

Pl. 71 is discussed on page 209

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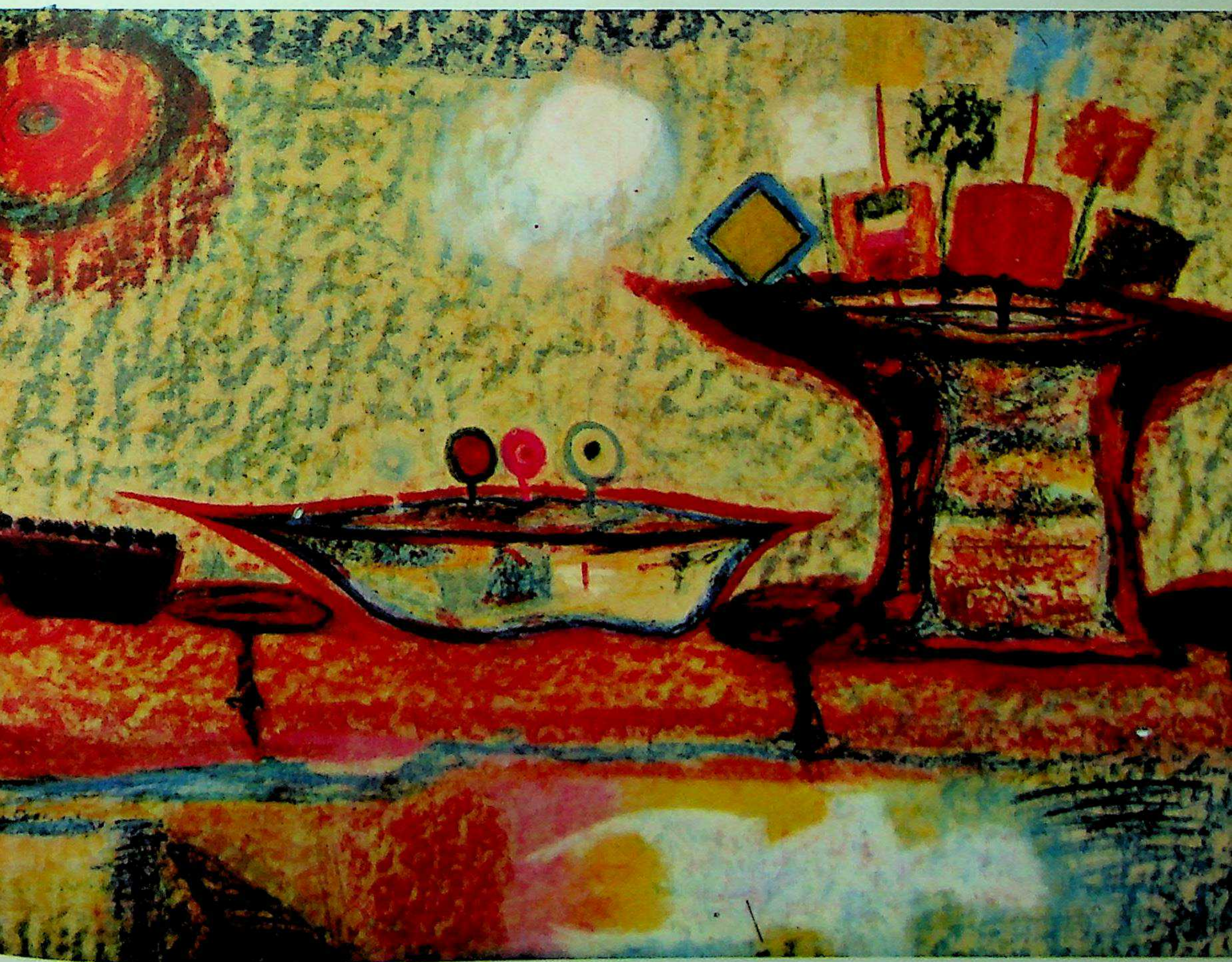
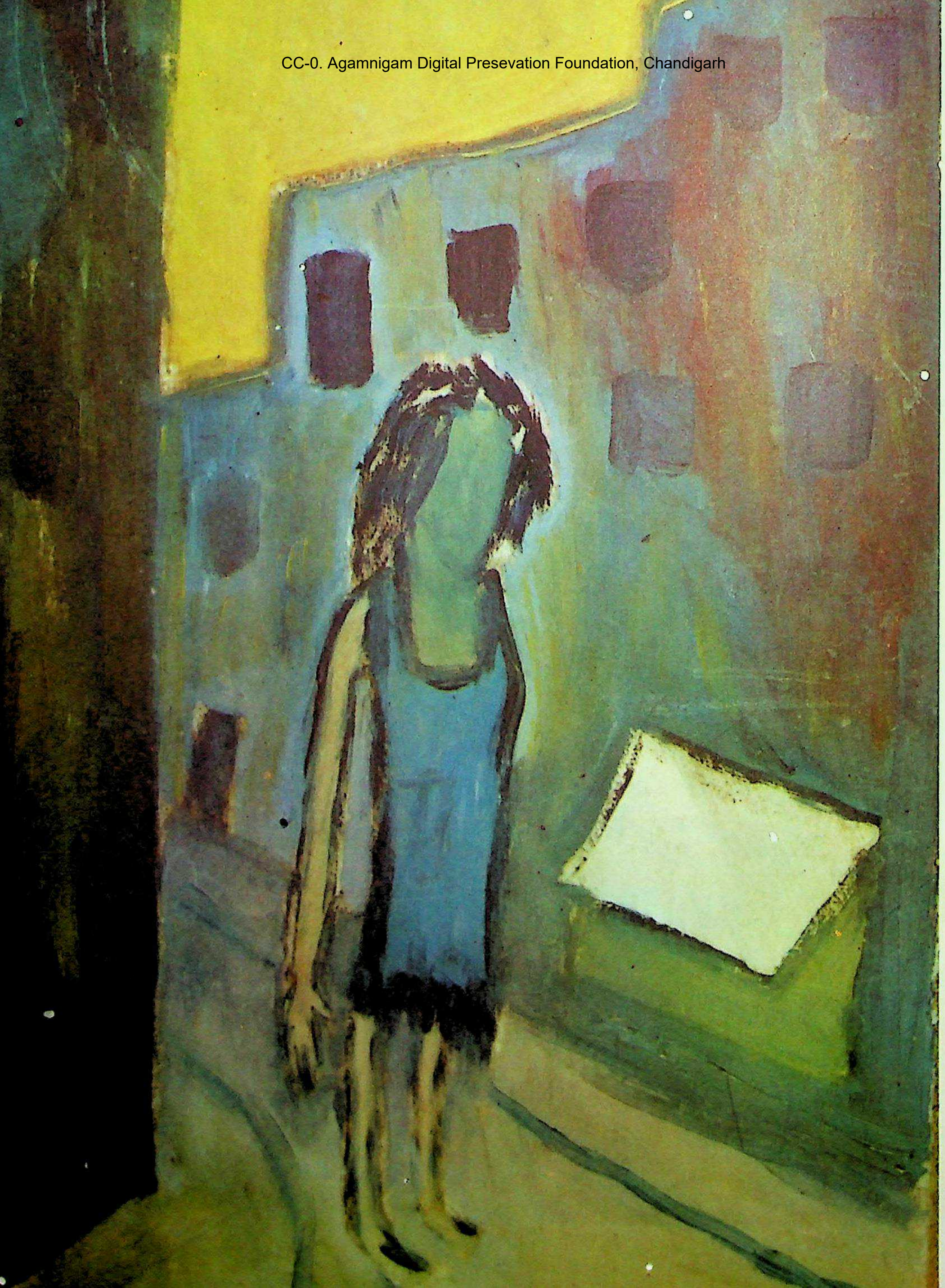




bottom of the sheet, there is a tight-lipped nurse who, while bobbing about on a chicken-house, is still very busily engaged in scrubbing its roof, while other ridiculous situations also occur, The scenes which tonk place in the ward where the artist was being cared for were also often portrayed by him in a really humorous way, although crude elements are not lacking. Thus, on several occasions, he drew a few nurses who, quite naked, were storming down some stairs shouting, being pursued by one or more violent looking male patients. Concretisations also sometimes produce a humorous effect. We have already referred to the picture of 'Book Week'. The same patient also produced a series of charming caricatures of the Tour de France. A comic Pl. 70 effect is also produced by the oil painting by a patient who wanted to portray a café or restaurant in which someone is apparently ordering something. The large room contains only one small table at which a human creature with a sort of mouse's head is seated. At the left stands a small white dog looking on. The green, far too large clock against the speckled red rear wall and the enormous white lamp in the centre make the main figure look even more insignificant than he already is. The same patient also once produced a cartoon in oils, probably as a parody of a corresponding work by Chagall, which he called 'A draughty corner'. It represents two lovers Pl. 56 embracing one another at the corner of a street. We in fact laugh at the manner of representation, in spite of the sombre use of colours. We also reproduce an oil painting which creates a comic effect, although it was certainly not intended. The work reminds us for a moment of the work of Edgar Tijtgat (for example, the lower left corner of his painting: 'The musical pyramid'), although the creator of the present work did not know it. Four women (the one on the extreme left is only half shown) are sitting stiffly side by side, waiting in a queue, as the creator said, but without knowing for what. Only primary colours have been used, namely hard yellow and red and, here and there, hard green. The figures are sharply outlined in black in an expressionistic manner. In spite of the emptiness and purposelessness it exudes, there is nevertheless also something irresistibly comical about the scene.

Pl. 71 Finally, we reproduce a large chalk drawing (100 × 60 cm), which is certainly not intended to be humorous, but which creates a particularly festive effect. The creator, a paranoid-schizophrenic engineer, in fact wanted to represent 'a feast'. Although the structure of the work is completely chaotic and untransparent, we do obtain a cheerful and joyful impression from it. A large anvil-shaped element on the right, the base of which contains various indistinct elements, is decorated with a large number of plates (?) in all kinds of light colours. They are intended to represent flags. On the left, we see a structure which suggests a boat, the outline of which is given two or three times (we think of the stereotypies which have been described). In it stand three circles on sticks like the 'pancake' signs used by station-masters in some countries. They are perhaps intended to represent people. In the air are two suns (?). On the left and at the top there is the hint of a 'frame' in blue chalk. The colours are in general light and although wax crayon was used, there are no heavy, covered sections on the sheet. In spite of its confusion and the lack

Pl. 72 is discussed on page 213

of any real composition and structure, the whole creates a cheerful impression, perhaps because of its light colours. The creator offered no other commentary than that it represented a feast. A lugubrious caricature by a hebephrenic girl, which depicts a sort of tree-man who seems to have an extra large eye in place of a chest and who is sneeringly holding a bleeding human head in his claw, was, according to the creator, a 'comical print' (page 37). The normal observer will however see little in it to provoke laughter!

Works of art

Very rarely it happens that a patient who, prior to his illness, never drew or painted rises to a really artistic level and really succeeds in producing an impressive picture which immediately convinces the observer. It has often been considered how this is possible. Some consider that it is pure chance, that there probably appears now and again amongst the often very numerous products of a patient one having good composition, so that we gain the impression, in spite of certain imperfections, of having a work of art. This would however be unintentional. In fact, schizophrenic patients who, under the influence of the morbid process, take to one or other form of pictorial expression, do not paint primarily in order to produce something 'beautiful', to produce a painting. Rather do they adhere, unconsciously, to Picasso's well-known statement: 'A painting is not made to decorate a room. It is an instrument in the battle against brutishness and darkness...' or: 'A painter paints to unload himself of feelings and visions'. The patient tries to express himself as directly as possible without worrying about the rules of composition, design, use of colour, etc. He wants to free himself of tensions and emotions, such as fear and the like, or he tries, by means of a sympathetic magic path, to regain control of reality which is slipping away from him, namely by means of his drawing, painting or scribbles. Possibly he wants to portray how he sees and experiences the world which, as a result of his psychosis, has acquired a completely different aspect. Often he thinks that he has to destroy radically the old world. He wants to be able to create a new one. He 'recreates' the old world which was passing away, or he tries, by portraying the changed world, to put it in an objective form, to straighten it out, to regulate it, so that he can feel at home in it. This does not necessarily mean that he wants to communicate something to his surroundings about his experiences. He often remains completely caught in his autism, without making an attempt to break through it, although we sometimes get the impression that he wants to let others 'see' how he now experiences the new heaven and earth. All these efforts towards a (limited) restitution could by chance sometimes assume a really artistic form.

Prinzhorn doubts whether the explanation of 'chance' is really the right one. He considers that, by reasoning in this way, we overlook the real problem, and he himself tends towards a 'mystical' explanation. According to him, the patient stands in a completely irrational way in direct contact with the deepest human experiences. The sufferer 'unconsciously' reveals the 'images of eternity' he has seen, these being the primordial forms, the archetypes. These are present in dormant form in the deepest layers of the personality of every person. They seldom come to the surface, thanks to all sorts of repressions and suppressions and the progressively more complicated superstructure which accompanies our civilization. It is consequently possible that something begins to resonate in the observer when he looks at a work by someone who is mentally ill. He vaguely recognizes in it something of himself that moves him, that can put him in a nostalgic mood and can also present him with a feeling of beauty. There are in fact works by unskilled schizophrenics which can appeal to everyone, including the most sober observer.

We may however doubt whether Prinzhorn is giving an explanation by means of this reasoning. While he normally lays great stress on the formal side of schizophrenic artistic products, he here loses sight of this completely. We have always stressed that design gives to an emotional utterance the character of a work of art. The content of a work must be considered as being of secondary importance if we wish to determine its artistic value, even if that content is an insight into 'the last things', the 'viewing of eternal images'.

This does not alter the fact that the symbolic significance, or rather the recognition of it by the observer is of great importance for his estimation of an artistic work and for his appreciation of it as a *work of art*. It is necessary in this context to revert to the 'theory of symbols' developed by Susan Langer and to develop what we said about it. Design was not discussed adequately in that connection. Her definition of art as: 'The creation of forms, symbolic of human feelings' is, in its generality, not completely adequate and should be specified more closely by a later definition given by her: 'Art is the articulate form..., having import without conventional reference, and therefore presenting itself not as a symbol in the ordinary sense, but as *significant form*, in which the significance is not logically discriminated, but is felt as a quality rather than recognized as a function.' It is consequently a question of *significant form*. This term is borrowed from the well-known art critic, Clive Bell. Thus he wrote: 'What quality is common to Santa Sophia and the windows at Chartres, Mexican sculpture, a Persian bowl, Chinese carpets, Giotto's frescoes at Padua, and the masterpieces of Poussin, Piero della Francesca, and Cézanne? Only one answer seems possible – significant form. In each, lines and colours combined in a particular way, certain forms and relations of forms, stir our aesthetic emotions. These relations and combinations of lines and colours, these aesthetically moving forms, I call *significant form*; and *significant form* is the only quality common to all works of visual art'. In this form every element is correct and necessary, none can be dispensed with from the place where it stands, nothing can be added. Langer adds in her observations: 'Significant form is the articulate expression of feeling, reflecting the verbally ineffable and therefore unknown form of sentience'.

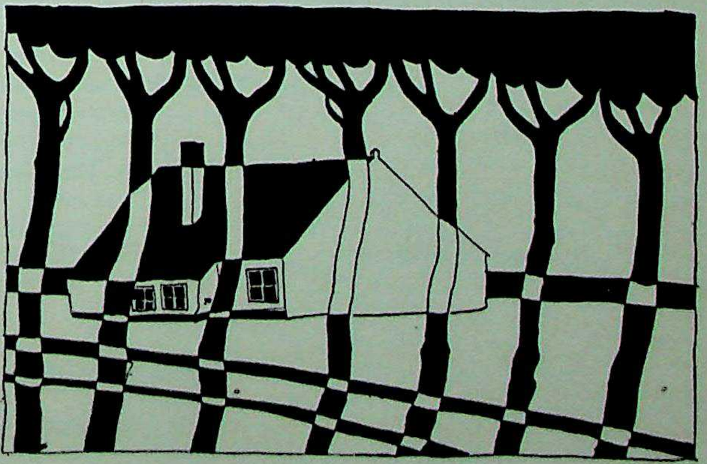
This view does not in essence conflict with that of Prinzhorn, who renders it more accurate by referring to the very special way in which the symbols are mutually related to one another, in other words to the *design*. It must consequently be possible for a patient, who is otherwise not an artist in the normal meaning of the word, now and again to find that form which is the completely adequate symbol of his emotions which cannot be put into words. At such a moment, he rises above himself, as it were, and is really an artist.

Even if the patient arrives at non-figurative utterances, we are sometimes struck by a balanced composition, the correct use of colour, responsible lineation, sometimes also by a very charming 'matière'. We do not then immediately ask: 'Is this merely chance or consciously intended in this way and not in another?' convinced as we become by the aesthetic value of the product we see before us. Thus, a hebephrenic girl produced during a short period of her psychosis a series of abstract chalk drawings which, from the aesthetic point of view, can stand up to any criticism. Certain of them suggested Paul Klee, while others made one think of the work of Lyonel Feininger. They nevertheless preserved a complete character of their own, there being no question of imitation. We have reproduced one of her works, unfortunately not in colonr. It Pl. 61 is in black and green, enlivened by a few small red spots. Everyone who sees this work is struck by the good, balanced composition and the particularly sensitive use of colour. The girl who painted the odd trees, one painting of which we have reproduced, occasionally produced a real work of art of striking originality. Unfortunately, the level of these two patients remained so high for a short period only. The quality soon deteriorated and degenerated into smearing and bungling, all activity finally ceasing. Another hebephrenic girl made a series of brush drawings in Indian ink, in which we are struck by the powerful expressionistic technique. The female head on page 58 is charming as regards composition, is placed precisely on the sheet, and is impressive through the great vision it reveals. When viewing it, we think for a moment of the work of Emil Nolde.

One of our patients, an 'illettré de la peinture', showed this unintended rise to a great artistic height very strikingly on one occasion. Alongside a large number of aesthetically not very important products, he painted the 'portrait', used as a frontispiece to this book, of a female patient, a schizophrenic girl, who used to sit inactive and withdrawn, virtually in a stupor, in a corner of the studio. This was done as only a great artist can. A better and more penetrating symbolisation of the illness 'schizophrenia' is scarcely conceivable. The withdrawn demeanour, the autistic attitude of the young woman is portrayed impressively by the position of the trunk, the attitude of the arms and by the closed right eye which can only look inwards. The left eye is missing, this giving an even stronger expression to the face. The painful expression around the mouth portrays the suffering the loneliness completely adequately. All superfluous features have been omitted. The areas are large, everything is in its place, there is nothing unnecessary, nothing can likewise be added. The creator indeed here found a 'significant form'. Anyone who has ever seen a schizophrenic condition of stupor, will recognize this immediately in the work. Anyone who has felt something of the suffering of the schizophrenic, will recognize this in the work. Anyone who has felt something of the suffering of the schizophrenic, will feel the emotion it expresses rising up through this 'transparent' symbol.

Pl. 72 The same patient later painted a lonely female figure, without a face, wandering helplessly and hesitatingly through a completely deserted street. Here too we are struck by the significant form, in spite of the mistakes in drawing (the head is too large, the arms are far too long, there are faults in perspective). The loneliness and sense of being lost of the sufferer from schizophrenia, his wandering through an empty and lifeless world, being thrown back completely on himself, without a voice and without an answer, these have been symbolized completely convincingly with a minimum of means. No description in words can portray the suffering of one who is mentally ill in such a succinct way.

Bell pointed out that if one visits an exhibition or walks through the galleries of a museum, one passes many works without paying attention, but one can now and again be forced by a work to stop and view it more closely. Something in it seemingly exerts a magnetic force, namely its 'significant form'. If one were to show the last two works we have discussed at an exhibition of modern art, then they would, amongst many others which are technically perhaps much sounder and more refined and professional in their execution, undoubtedly immediately attract the attention of a large number of visitors who would feel themselves compelled to stop, because of their significant form, without being able to draw themselves away from the pull of the paintings.



Drawing is discussed on page 154

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